

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Statement of Consent of Registered Agent (Domestic or Foreign Business Entity)

CRA

				86, the undersigned applican or that purpose, submits the	nt
1. The business entity is	a limited liab a limited par a limited liab	n (KRS 271B, KI bility company (K tnership (KRS 3 bility partnership rust (KRS 386)	62)		
2. The name of the busines	s entity is				
3. The state or country of ir	ncorporation, organizat	ion or formation	is		
4. The name of the initial re	egistered agent is			· · · · · · · · · · · · · · · · · · ·	
5. The street address of the	e registered office add	ess in Kentucky	is:		
Street Address (No Post Offi	ce Box Number)	City	State	Zip Code	
I declare under penalty of p	erjury under the laws o	of Kentucky that	the forgoing is true ar	d correct.	
Signature of Registered Age	nt F	rinted Name		Title	

FILING INSTRUCTIONS STATEMENT OF CONSENT REGISTERED AGENT

DOCUMENT DELIVERY

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

WHO MAY SIGN

The document must be signed by an individual meeting one of the following requirements:

- If the registered agent is an individual resident of this state, the individual must sign statement.
- If registered agent is a corporation, an officer or the chairman of the board of directors must sign on behalf of the corporation.
- If the registered agent is a limited liability company and management of the company vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign.
- If the registered agent is a limited partnership, a general partner must sign on behalf the limited partnership.
- If the registered agent is a limited liability partnership the statement shall be executed a partner or other person authorized by chapter 362.
- The representative signing the statement of consent on behalf of the business entity acting as agent must designate the title or the capacity in which he or she signs.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

FILING FEE

There is no filing fee for filing this document. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Office of the Secretary of State
PO Box 718

Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.