

**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

<b>Division of Business Filings</b> P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 <a href="http://www.sos.ky.gov">www.sos.ky.gov</a>	<b>Statement of Partnership Authority</b> <span style="float: right;"><b>KNG</b></span>
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Pursuant to KRS 14A and 362, the undersigned applies to qualify and for that purpose submits the following statements:

1. The name of the partnership is: \_\_\_\_\_.
2. The complete address of its chief executive office (address must be a street address):

<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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3. The complete address of the partnership's office in the state of Kentucky, if one exists, is:

<b>Street or P.O. Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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4. The names and mailing addresses of all partners, or the name and mailing address of the agent appointed to maintain a list of the names and mailing addresses of all partners (please designate if partner or agent) is:

<b>Name</b>	<b>Street or P.O. Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Name</b>	<b>Street or P.O. Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Name</b>	<b>Street or P.O. Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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5. The partner(s) authorized to execute an instrument transferring real property held in the name of the partnership is/are:

6. The partnership filed a Statement of Qualification (foreign or domestic) on \_\_\_\_\_.

7. The authority or limitation on authority of some or all partners to enter into other transactions on behalf of the partnership is:

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: ☐ This entity is a retailer of authorized nicotine vapor products as defined by KRS 438.305(2).

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<b>Signature of Partner</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>
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<b>Signature of Partner</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>
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**FILING INSTRUCTIONS  
STATEMENT OF PARTNERSHIP AUTHORITY**

**NAME**

State the name of the partnership.

**CHIEF EXECUTIVE ADDRESS**

The chief executive 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.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

**PARTNERSHIP ADDRESS**

If the partnership maintains a principal office in Kentucky state the address.

**PARTNERS**

List the names and mailing addresses of all the partners.

**DESIGNATED PARTNER OR AGENT**

List the names and mailing address of all partners or agent designated to maintain the list of partners.

**AUTHORIZED PARTNER**

List the name of the partner authorized to execute an instrument transferring property held in the partnership name.

**STATEMENT OF QUALIFICATION**

If a statement of qualification has been filed please state the date of filing.

**AUTHORITY OF LIMITATION**

The partnership may state the authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership and any other matter.

**WHO MAY SIGN**

The statement must be executed by two partners.

**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](http://www.sos.ky.gov) and print a copy from the organization search tool.

**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.

**VETERAN**

Means any person who served in the United States Armed Forces, Reserves, or National Guard and was separated or released therefrom with an honorable discharge, discharge under honorable conditions, or general discharge under honorable conditions or any person who currently serves in the United States Armed Forces, Reserves, or National Guard.

**VETERAN-OWNED BUSINESS**

KRS 14A.1-070(45) defines a veteran-owned business as one that is at least 51% unconditionally owned by one or more veterans, or in the case of a publicly-owned business, at least 51% of the stock is owned by one or more veterans. KRS 14A.2-165 states that the fee for this filing is waived if the business is veteran-owned.

**AUTHORIZED NICOTINE VAPOR PRODUCT**

Carefully review KRS 438.305(2) to determine whether this disclosure is applicable

**FILING FEE**

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Michael Adams  
Secretary of State  
P.O. 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 AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call (502) 564-3490.