

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Secretary of State  
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**Statement of Qualification**  
**(Domestic Limited Liability Partnership)**

**KNL**

Pursuant to the provisions of KRS 362, the undersigned partnership submits the following statement:

**Article I:** The name of the partnership electing to be a limited liability partnership is

**Nally Investment Group LLP**

**Article II:** The mailing address of the chief executive office of the limited liability partnership is

**5459 New Haven Rd, New Haven, KY 40051**

**Article III:** The street address of the partnership's initial registered office in Kentucky is

**5459 New Haven Rd, New Haven, KY 40051**

and the name of the initial registered agent at that office is **Thomas Jude Nally**

**Article IV:** The above partnership elects to be a limited liability partnership.

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

Name of partner: **Thomas Jude Nally**

Name of partner: **Thomas Jude Nally**

Signature of individual signing on behalf of partner: **Thomas Jude Nally**

Signature of individual signing on behalf of partner: **Thomas Jude Nally**

I, **Thomas Jude Nally**, consent to serve as the Registered Agent on behalf of the limited liability partnership.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Thomas Jude Nally