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**KNP** 

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Limited Partnership (Domestic Business Entity)

Pursuant to the provisions of KRS 362, the undersigned applicant applies to register a certificate of limited partnership and for that purpose submits the following statement:

A Kentucky limited partnership is formed pursuant to the Kentucky Uniform Limited Partnership Act (2006).

Article I: The name of the limited partnership is

## Quail Run Associates, Ltd.

Article II: The mailing address of the designated office of the limited partnership is

## 111 N Main St, Clarkton, MO 63837

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

## 828 Lane Allen Rd Ste 219, Lexington, KY 40504

and the name of the initial registered agent at that office is **Registered Agent Solutions**, Inc.

Article IV: The name and mailing address of each general partner is MACO Management Co., Inc. 111 N Main St, Clarkton, MO 63837

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

Name of partner: MACO Management Co., Inc.

Signature of individual signing on behalf of partner: James K Maddox

I, **Registered Agent Solutions**, **Inc.**, consent to serve as the Registered Agent on behalf of the limited partnership.

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

Jaclyn Wright