

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Statement of Qualification
(Domestic Limited Liability Partnership)

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Michael G. Adams
Secretary of State
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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

Hardin County Adventure Club L.L.P.

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

409 Hollow Bridge Dr, Elizabethtown, KY 42701

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

409 Hollow Bridge Dr, Elizabethtown, KY 42701

and the name of the initial registered agent at that office is **Jeffery Proctor**

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

Article V: This entity has elected to file as a veteran-owned company as defined by KRS 14A.1-070(44), (45), and KRS 14A.2-165.

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

Name of partner: **Gregory Milby**

Name of partner: **Herbert James Lever Jr**

Name of partner: **Jeffery Proctor**

Signature of individual signing on behalf of partner: **Herbert James Lever Jr**

Signature of individual signing on behalf of partner: **Gregory Milby**

I, **Jeffery Proctor**, 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:

Jeffery Proctor