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Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of St

1074826.17 Alison Lundergan Grimes Secretary of State Received and Filed 10/17/2019 11:08:49 AM

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

Statement of Qualification (Domestic Limited Liability Partnership)

KNL

Fee receipt: \$40.00

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

Another Adventure II, LIMITED LIABILITY PARTNERSHIP

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

2714 Belknap Beach Rd, Prospect, KY 40059

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

2714 Belknap Beach Rd, Prospect, KY 40059

and the name of the initial registered agent at that office is Angela Steinrock

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: **Angela Steinrock** Name of partner: **Timothy Steinrock**

Signature of individual signing on behalf of partner: Angela Steinrock

Signature of individual signing on behalf of partner: **Timothy Steinrock**

I, **Angela Steinrock**, 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:

Angela Steinrock