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Michael G. Adams 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

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

## **Isenberg Family Opportunity Fund LLP**

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

## 4140 Smith Gr Scotts Rd, Smiths Grove, KY 42171

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

## 4140 Smith Gr Scotts Rd, Smiths Grove, KY 42171

and the name of the initial registered agent at that office is **Paul Isenberg** 

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: **Stacy J Isenberg** Name of partner: **Paul Isenberg** 

Signature of individual signing on behalf of partner: Paul Isenberg

Signature of individual signing on behalf of partner: Stacy J Isenberg

I, **Paul Isenberg**, 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:

Paul Isenberg

KNLP