

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Secretary of State
Received and Filed
4/18/2018 1:28:41 PM
Fee receipt: \$40.00

Alison Lundergan Grimes
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

Suga Mommas Limited Liability Partnership

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

565 Mount Tabor Rd, Lexington, KY 40517

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

102 Clearwater Ct, Georgetown, KY 40324

and the name of the initial registered agent at that office is **Taryn Henderson**

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: **Katrina Hatchett**

Name of partner: **William Livers**

Name of partner: **Taryn Henderson**

Name of partner: **Astarre Gudino**

Signature of individual signing on behalf of partner: **Taryn Henderson**

Signature of individual signing on behalf of partner: **Katrina Hatchett**

I, **Taryn Henderson**, 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:

Taryn Henderson