

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

HIGHROCK BAY, LLP

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

387 Hill Ct, Lexington, KY 40503

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

387 Hill Ct, Lexington, KY 40503

and the name of the initial registered agent at that office is **RANDALL DEATON**

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: **RANDALL DEATON**

Name of partner: **SHELAGH CASSIDY**

Signature of individual signing on behalf of partner: **RANDALL DEATON**

Signature of individual signing on behalf of partner: **SHELAGH CASSIDY**

I, **RANDALL DEATON**, 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:

RANDALL DEATON