

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Secretary of State
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Michael G. Adams
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

Sunrise Home care services LLP

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

Po Box 16275, Shively, KY 40256

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

1822 San Jose Ave Apt 110, Shively, KY 40216

and the name of the initial registered agent at that office is **Marchelle L Woodson**

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: **Courtney Brown**

Name of partner: **Marchelle Woodson**

Signature of individual signing on behalf of partner: **Marchelle Woodson**

Signature of individual signing on behalf of partner: **Courtney Brown**

I, **Marchelle L Woodson**, 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:

Marchelle L Woodson