



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Statement of Qualification
(Domestic Limited Liability Partnership)

KNL

Pursuant to the provisions of KRS 14A and KRS 362.1, the undersigned partnership submits the following statement:

1. Name of the partnership electing to be a limited liability partnership is:

2. The name of the entity to be used in Kentucky is (if applicable):_____

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

3. The mailing address of principal office of the limited liability partnership is:

Street Address or Post Office Box Numbers City State Zip Code

4. The mailing address/chief executive office of any partnership office in Kentucky (if any) is:

Street Address or Post Office Box Numbers City State Zip Code

5. The street address of the partnership's initial registered office in Kentucky is:

Street Address (No Post Office Box Numbers) City State Zip Code

6. The name of the initial registered agent at that office is:

7. The above partnership elects to be a limited liability partnership.

8. The partnership previously filed a Statement of Authority with the Secretary of State on _____
Date

9. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective date and/or time)

Please indicate whether any of the following applies to your business ownership:

Women Owned Veteran Owned Minority Owned

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Printed Name Date Signature of Partner

Printed Name Date Signature of Partner

I, _____, consent to serve as the registered agent on behalf of the limited liability partnership.

Signature of Registered Agent Printed Name Date

**FILING INSTRUCTIONS
STATEMENT OF QUALIFICATION**

NAME

The name of the limited liability partnership shall end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP."

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the statement, the partnership must deliver with the statement of qualification, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the limited liability partnership. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

WHO MAY SIGN

The document must be signed by at least two partners.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

NUMBER OF COPIES

Submit the original statement of limited liability partnership and one (1) exact or conformed copy. One file-stamped copy must then be filed with the county clerk of the county in which the partnership's registered office is situated.

FILING FEE

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Alison Lundergan Grimes
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES: The limited partnership must file an **annual report** with the Office of the Secretary of State between January 1 and June 30 of the year following the calendar year in which the partnership was formed. Subsequent annual reports must be filed with the Office of the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Office of the Secretary of State whenever a change has occurred involving any of the above categories. You may file your statement of change or annual report online at www.sos.ky.gov.