



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 Partnership Authority

KNG

Pursuant to KRS 14A and 362, the undersigned applies to qualify and for that purpose submits the following statements:

1. Name of the partnership: \_\_\_\_\_

2. Complete address of its chief executive office (address must be a street address):

Street City State Zip Code

3. Complete address of the partnership's office in the state of Kentucky, if one exists:

Street or PO Box Number City State Zip Code

4. Names and mailing addresses of all partners, or the name and mailing address of an agent appointed to maintain a list of names and mailing addresses of all partners (please designate if partner or agent):

Name Street or PO Box Number City State Zip Code

Name Street or PO Box Number City State Zip Code

Name Street or PO Box Number City State Zip Code

5. The partner(s) authorized to execute an instrument transferring real property held in the name of the partnership:

6. The partnership filed a Statement of Qualification (foreign or domestic) on \_\_\_\_\_

7. The authority or limitation on authority of some or all partners to enter into other transactions on behalf of the partnership is:

8. 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)

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

Signature of Partner Printed Name Title Date

Signature of Partner Printed Name Title Date

**FILING INSTRUCTIONS  
STATEMENT OF PARTNERSHIP AUTHORITY**

**NAME**

State the name of the partnership.

**CHIEF EXECUTIVE ADDRESS**

The chief executive office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

**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 90<sup>th</sup> day after the date of filing.

**PARTNERSHIP ADDRESS**

If the partnership maintains a principal office in Kentucky state the address.

**PARTNERS**

List the names and mailing addresses of all the partners.

**DESIGNATED PARTNER OR AGENT**

List the names and mailing address of all partners or agent designated to maintain the list of partners.

**AUTHORIZED PARTNER**

List the name of the partner authorized to execute an instrument transferring property held in the partnership name.

**STATEMENT OF QUALIFICATION**

If a statement of qualification has been filed please state the date of filing.

**AUTHORITY OF LIMITATION**

The partnership may state the authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership and any other matter.

**WHO MAY SIGN**

The statement must be executed by two partners.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**DOCUMENT DELIVERY**

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

**FILING FEE**

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

**MAILING ADDRESS**

Alison Lundergan Grimes  
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](http://www.sos.ky.gov) or call (502) 564-3490.