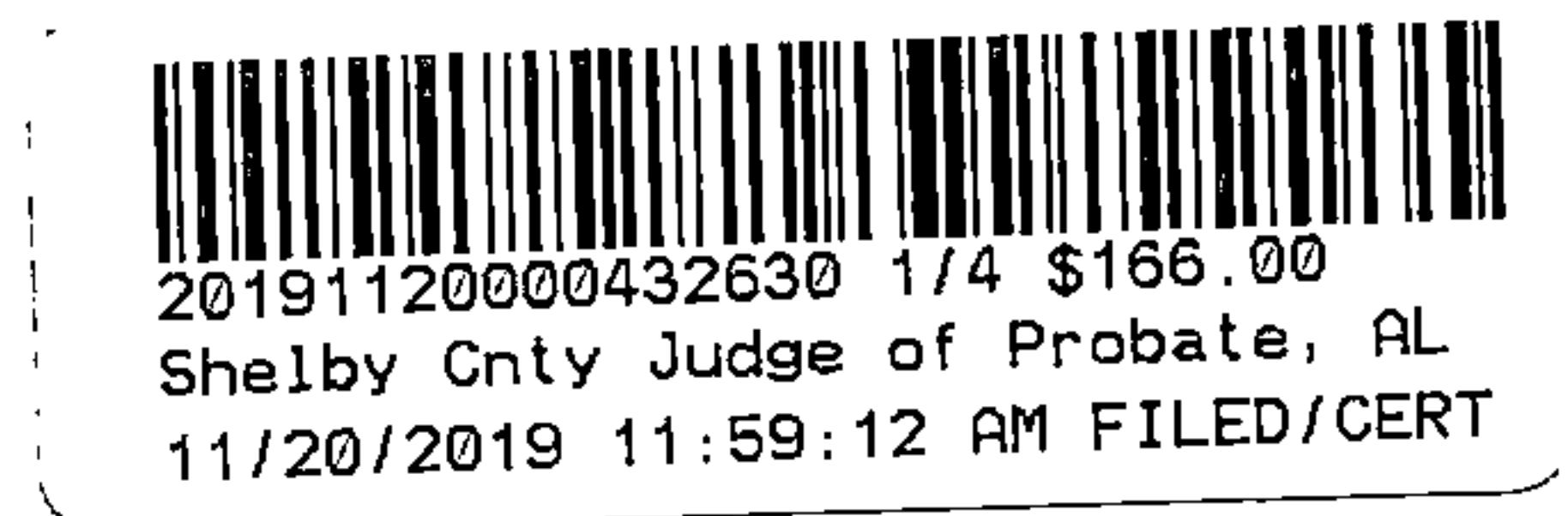


STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP)
STATEMENT OF LIMITED LIABILITY PARTNERSHIP



PURPOSE: In order to form a limited liability partnership under Section 10A-1-3.05 and 10A-8A-10.01 of the Code of Alabama 1975 this Statement of Limited Liability Partnership and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form and the appropriate filing fee to the **Office of the Alabama Secretary of State, P.O. Box 5616, Montgomery, AL 36103-5616**. **The filing fee is \$100.00 for standard processing or \$200.00 if expedited processing within 24 hours after receipt by the Office of the Secretary of State is requested (10A-1-4.31).** Once the Secretary of State's Office has indexed the filing, the information will appear at www.sos.alabama.gov. Business Services (below picture), Business Entity Search – you may search by entity name. You may pay the Secretary of State fees by check, money order or credit card (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

The information completing this form must be typed or laser printed.

1. The name of the limited liability partnership (must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P." or "LLP," and comply with Code of Alabama, Title 10A-1-5.07):

KDGT United LLP

2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-5.03].

(For SOS Office Use Only)

This form was prepared by: (type name and full address):

Creative Accounting & Tax Solutions
6919 Highway 119
Suite 200
Alabaster, AL 35007

DOMESTIC STATEMENT OF LIMITED LIABILITY PARTNERSHIP (LLP)

3. Street (**No PO Boxes**) address of principal office of the limited liability partnership:

1401 Doug Baker Blvd, Suite 107-434, Birmingham, AL 35242

Mailing address of principal office (if different from street address):

4. The name of the Registered Agent: Jodi Tarleton

5. Street (**No PO Boxes**) address of Registered Office – must be location of Registered Agent (if different from principal office address):

190 Lake Forest Way, Maylene, AL 35114

Mailing address of Registered Office/Agent (if different from street address):

6. Purpose for which the limited liability partnership was formed: Whole Distribution

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

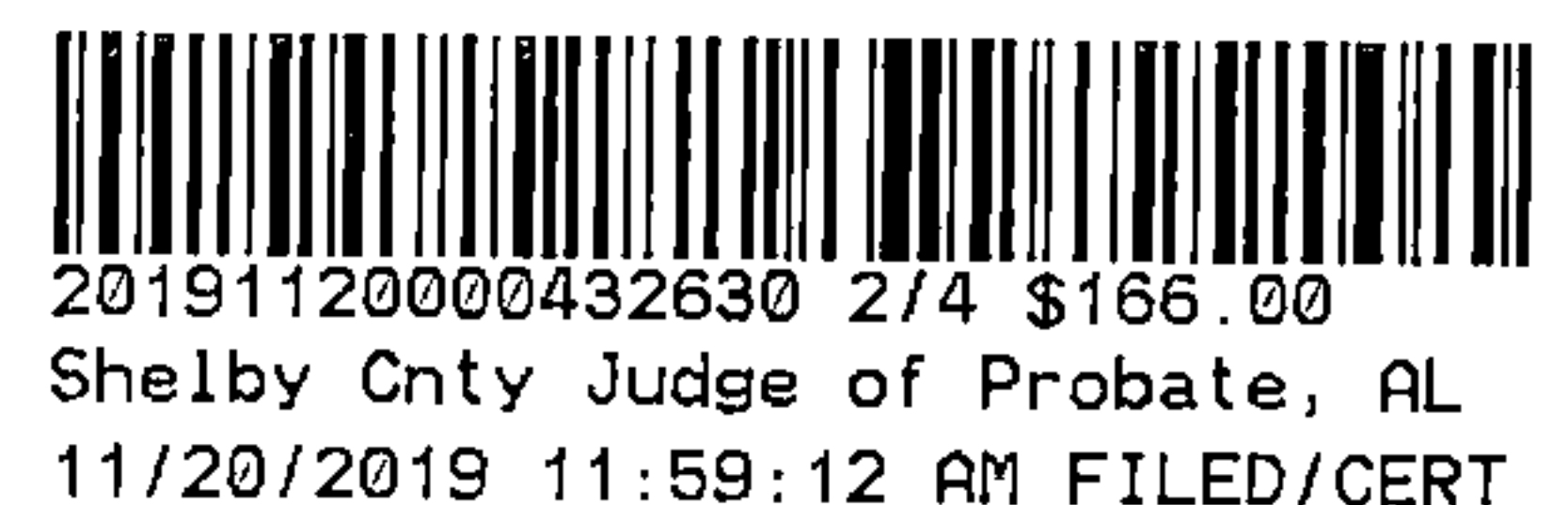
8. The name(s) of the Organizer(s): Jodi Tarleton & Scott Barwick

Street (**No PO Boxes**) address of Organizer(s): 190 Lake Forest Way, Maylene, AL 35114

Mailing address of Organizer(s) – (if different from street address):

Attach a listing if more Organizers need to be added.

9. The partnership is formed as a limited liability partnership.



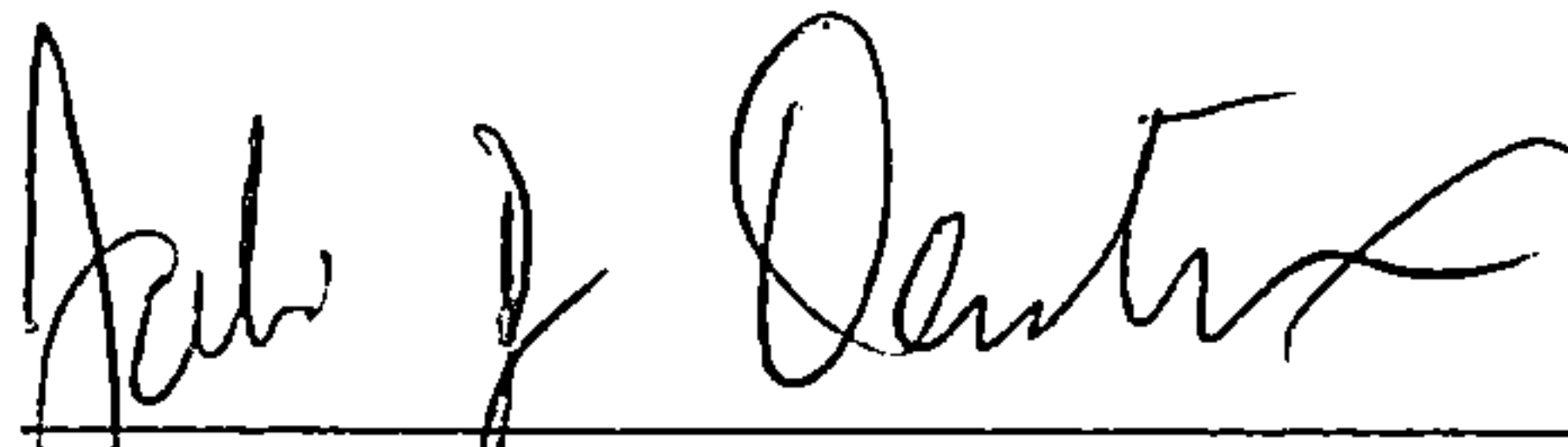
DOMESTIC STATEMENT OF LIMITED LIABILITY PARTNERSHIP (LLP)

10. The statement of limited liability partnership is effective immediately on the date the statement is filed with the Office of the Secretary of State or at the later date specified in this filing.

The undersigned specify 11 / 19 / 2019 as the effective date (must be later than the date filed in the office of the county judge of probate).

☐ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability partnership.

11 / 19 / 2019
Date (MM/DD/YYYY)



Signature as required by 10A-8A-10.01

Jodi Tarleton

Typed Name of Above Signature

Partner

Typed Title

Additional partners may sign (attach listing if necessary).

11 / 19 / 2019
Date (MM/DD/YYYY)



Signature as required by 10A-8A-10.01

Scott Barwick

Typed Name of Above Signature

Partner

Typed Title

/ /
Date (MM/DD/YYYY)

Signature as required by 10A-8A-10.01

Typed Name of Above Signature

Typed Title



20191120000432630 3/4 \$166.00
Shelby Cnty Judge of Probate, AL
11/20/2019 11:59:12 AM FILED/CERT

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

KDGT United LLP

This name reservation is for the exclusive use of Carla Grodsky, 6919 Highway 119, Suite 200, Alabaster, AL 35007 for a period of one year beginning November 19, 2019 and expiring November 19, 2020



20191120000432630 4/4 \$166.00
Shelby Cnty Judge of Probate, AL
11/20/2019 11:59:12 AM FILED/CERT



RES862325

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

November 19, 2019

Date

J. H. Merrill

John H. Merrill

Secretary of State