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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/21/2023 10:56 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

KLC

| Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Limited Liability Company | | |
|--|--|-----------------------------|--------------------------|
| Pursuant to KRS 14A and KRS 27 | 5, the undersigned applies to qualify and for that | purpose submits the | e following statements: |
| Article I: The name of the limited I Potter Consulting, LLC | iability company is: | | |
| Article II: The street address of the | e limited liability company's initial registered office | e in Kentucky is: | |
| 3105 Harris Ferry Road | Irvine | KY | 40336 |
| Street Address Only (No Post Office Box | | State | Zip Code |
| and the name of the initial register | ed agent at that office is John Timothy Potter | | |
| | the limited liability company's initial principal office | | 40220 |
| 3105 Harris Ferry Road / Street Address or Post Office Box Numb | Irvine | KY | 40336 |
| Street Address or Post Office Box Numb | per City | State | Zip Code |
| Article V: This application will be entire or the second of the second o | |) for the purposes of | 14A.2-165 (see filing |
| I/We declare under penalty of perju | ury under the laws of the state of Kentucky that th | ne foregoing is true a | and correct. |
| - Mily | John Timothy Potter, | Owner | 02/21/2023 |
| Signature of Organizer | Printed Name & Title | | Date |
| Show Dirink Pot | Shawn Swink Potter, | Owner | 02/21/2023 |
| Signature of Organizer | Printed Name & Title | | Date |
| John Timothy Potter Print Name of Registered Agent | , consent to serve as the registered | d agent on behalf of the li | mited liability company. |
| Signature of Registered Agent | John Timothy Potter Printed Name | 02/21 Date | /2023 |
| // | | Date | |