



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
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Frankfort, KY 40602
(502) 564-3490
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Articles of Organization
Limited Liability Company

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is:
504 Central Avenue, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:
744 Locust Grove RoadElizabethtownKY42701
Street Address Only (No Post Office Box Numbers)CityStateZip Code
and the name of the initial registered agent at that office is Ronald Keplinger

Article III: The mailing address of the limited liability company's initial principal office is:
744 Locust Grove RoadElizabethtownKY42701
Street Address or Post Office Box NumberCityStateZip Code

Article IV: The limited liability company is to be managed by (must check one):

- ☒A. a manager(s).
- ☐B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

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

Signed by:

Ronald Keplinger, Member12/13/2024

Signature of OrganizerPrinted Name & TitleDate

Signature of Organizer

Printed Name & Title

Date

I, Ronald Keplinger, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Signed by:

Ronald Keplinger12/13/2024

Signature of Registered AgentPrinted NameDate