

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/7/2023 2:13 PM Fee Receipt: \$40.00

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

Articles of Organization Limited Liability Company

KLC

Pursuant to KRS 14A and KRS	275, the undersigne	ed applies to qualify and for that purp	oose submits the f	ollowing statements:	
Article I: The name of the limite G1 Klondike Roll LLC	d liability company i	s:			
Article II: The street address of	the limited liability o	ompany's initial registered office in l	Kentucky is:		
306 W. Main Street, Suite 512		Frankfort	KY	40601	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial regist	ered agent at that o	ffice is Vcorp Agent Services, Inc.			
Article III: The mailing address	of the limited liability	v company's initial principal office is:			
2850 Quarry Lake Drive, Suite 140		Baltimore	Maryland	21209	
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability co	ompany is to be mar	naged by (must check one):			
A. a manager(s).					
B. its member(s).					
Z D. Its II	iember(s).				
Article V: This application will b	e effective upon filin	g.			
If checked, this business instructions).	is veteran-owned a	s defined by KRS 14A.2-070(45) for	the purposes of 1	4A.2-165 (see filing	
I/We declare under penalty of pe	erjury under the law	s of the state of Kentucky that the fo	oregoing is true an	d correct.	
Victoria Mann		Victoria Mann, Organizer		8/3/2023	
Signature of Organizer		Printed Name & Title		Date	
Signature of Organizer		Printed Name & Title		Date	
Vcorp Agent Services, Inc.		, consent to serve as the registered age	ent on behalf of the lim	ited liability company.	
Print Name of Registered Agent			2. 2.2	,,,	
By: Mila	Miriam Nachison	Vcorp Agent Services, Inc.	8/3/2	8/3/2023	
Date	Signature of Registere	ed Agent	Printed Name		