

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 2:15 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 K	RS 275, the undersigne	ed applies to qualify and for that purp	ose submits the f	ollowing statements:	
Article I: The name of the lir	nited liability company i	is:			
Article II: The street address	s of the limited liability o	company's initial registered office in k	Centucky 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 re	gistered agent at that c	office is Vcorp Agent Services, Inc.			
Article III: The mailing addre	ess of the limited liability	y company's initial principal office is:			
2850 Quarry Lake Drive, Suite 140		Baltimore	Maryland	21209	
Street Address or Post Office Bo		City	State	Zip Code	
Article IV: The limited liabilit	y company is to be mai	naged by (must check one):			
A. a manager(s).					
\ /	ts member(s).				
/\ D. I	is member(s).				
Article V: This application w If checked, this busine instructions).	·	ng. s defined by KRS 14A.2-070(45) for	the purposes of 1	4A.2-165 (see filing	
I/We declare under penalty of	of perjury under the law	s of the state of Kentucky that the for	regoing is true an	d correct.	
Victoria Mann		Victoria Mann, Organizer	<u> </u>		
Signature of Organizer		Printed Name & Title		Date	
Signature of Organizer		Printed Name & Title		Date	
I, Vcorp Agent Services, Inc. Print Name of Registered Agent	t	, consent to serve as the registered age	_, consent to serve as the registered agent on behalf of the limited liability company.		
By: Mi Mili	Miriam Nachison	Vcorp Agent Services, Inc.	8/3/2	8/3/2023	
	Signature of Register	ed Agent	Printed Name		
Date					