

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

KLC

Signature of Registered Agent		Printed Name	Date	Date	
		Sal Abecasis	08/0	08/02/2021	
I. Registered Agent Solution: Print Name of Registered Agent	s, Inc.	, consent to serve as the registere	ed agent on behalf of the limit	ted liability company.	
Signature of Organizer		Printed Name & Title		Date	
Gamma Lowler		Ranna Lowber, Orga	nizer	8/2/2021	
I declare under penalty of perjury	under the laws of t	he state of Kentucky that the fo	oregoing is true and cor	rect.	
,					
If checked, this business is instructions).	s veteran-owned as	defined by KRS 14A.2-070(45	5) for the purposes of 14	4A.2-165 (see filing	
Article V: This application will be	effective upon filin	g.			
X B. its m	ember(s).				
A. a ma	nager(s).				
Article IV: The limited liability con	mpany is to be mar	aged by (must check one):			
Street Address or Post Office Box Nur	nber	City	State	Zip Code	
Article III: The mailing address of 130 Roberts Street	f the limited liability	company's initial principal office Asheville	ce is: NC	28801	
and the name of the initial registe	ered agent at that o	ffice is Registered Agent So	olutions, Inc.		
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
828 Lane Allen Road Suite 219		Lexington	KY	40504	
Article II: The street address of t	he limited liability c	omnany's initial registered offic	ce in Kentucky is:		
Article I: The name of the limited Trust Solar, LLC	i liability company i	5.			
Pursuant to KRS 14A and KRS 2			t purpose submits the h	ollowing statements.	
Di WDO AAA UWDO G	75 4	d applies to suplify and for the	t nurnoso submits the f	ollowing statements:	
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Company				