## Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Articles of Organization Limited Liability Company

**KLC** 

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

## Party Pad Inflatable LLC

Article II: The name of the initial registered agent is

## **Party Pad Inflatables**

and the street address of the entity's initial registered office in Kentucky is

9 Copper St, Lebanon, KY 40033

Article III: The mailing address of the entity's principal office is

9 Copper St, Lebanon, KY 40033

Article IV: This entity is managed by **Members**.

This filing will be effective on Tuesday, September 3, 2024.

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

Signature of individual signing on behalf of **Organizer: Shane Mitchell Bartley** 

l, **Shane Mitchell Bartley**, consent to sign for **Party Pad Inflatables** who serves as the Registered Agent on behalf of this entity on Tuesday, September 3, 2024.