

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

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1431910.06
Michael G. Adams
Secretary of State
Received and Filed
2/21/2025 12:00:00 AM
Fee receipt: \$40

Michael G. Adams
Secretary of State
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**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

DEADLY NIGHTSHADE LACQUERS LLC

Article II: The name of the initial registered agent is

Sarah LeViness

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

13406 Kinross Blvd., Louisville, KY 40272

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

13406 Kinross Blvd., Louisville, KY 40272

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

This filing will be effective on **Friday, February 21, 2025**.

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: Sarah LeViness**

I, **Sarah LeViness**, consent to serve as the Registered Agent on behalf of this entity on Friday, February 21, 2025.