

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 2:22 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

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Street Address Only (No Post Office Box Numbers) and the name of the initial registered agent at that office is and the name of the initial registered agent at that office is Article III: The mailing address of the limited liability company's initial principal office is: 2850 Quarry Lake Drive, Suite 140 Street Address or Post Office Box Number Article IV: The limited liability company is to be managed by (must check one): A. a manager(s). B. its member(s). Article V: This application will be effective upon filing. If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the prinstructions). I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregon Victoria Mann, Organizer Signature of Organizer Printed Name & Title Signature of Organizer Printed Name & Title I, Vcorp Agent Services, Inc. Print Name of Registered Agent	submits the fol	llowing statements:
Street Address Only (No Post Office Box Numbers) and the name of the initial registered agent at that office is and the name of the initial registered agent at that office is and the name of the initial registered agent at that office is Article III: The mailing address of the limited liability company's initial principal office is: 2850 Quarry Lake Drive, Suite 140 Baltimore City Street Address or Post Office Box Number City Street Address or Post Office Box Number A. a manager(s). B. its member(s). Article IV: The limited liability company is to be managed by (must check one): A. a manager(s). B. its member(s). Article V: This application will be effective upon filing. If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the prinstructions). I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregon Victoria Mann, Organizer Victoria Mann, Organizer Printed Name & Title Signature of Organizer Printed Name & Title i, Vcorp Agent Services, Inc. Print Name of Registered Agent		
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and the name of the initial registered agent at that office is Vcorp Agent Services, Inc. Article III: The mailing address of the limited liability company's initial principal office is: 2850 Quarry Lake Drive, Suite 140 Baltimore Mistreet Address or Post Office Box Number Article IV: The limited liability company is to be managed by (must check one): A. a manager(s). B. its member(s). Article V: This application will be effective upon filing. If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the prinstructions). I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregon Victoria Mann, Organizer Victoria Mann, Organizer Signature of Organizer Printed Name & Title Signature of Organizer Printed Name & Title I, Vcorp Agent Services, Inc. Print Name of Registered Agent	(Y	40601
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Victoria Mann, Organizer Signature of Organizer Printed Name & Title Signature of Organizer Printed Name & Title I, Vcorp Agent Services, Inc. , consent to serve as the registered agent on Print Name of Registered Agent	purposes of 14.	A.2-165 (see filing
Signature of Organizer Printed Name & Title Signature of Organizer Printed Name & Title Printed Name & Title I, Vcorp Agent Services, Inc. Print Name of Registered Agent , consent to serve as the registered agent on	oing is true and	correct.
Signature of Organizer Printed Name & Title Signature of Organizer Printed Name & Title I, Vcorp Agent Services, Inc., consent to serve as the registered agent on Print Name of Registered Agent	8	8/3/2023
I, Vcorp Agent Services, Inc, consent to serve as the registered agent on Print Name of Registered Agent	τ	Date
Print Name of Registered Agent	<u>_</u>	Date
Vocam A cout Comicos Inc	n behalf of the limite	ed liability company.
By: Miriam Nachison Vcorp Agent Services, Inc.	8/3/202	23
Signature of Registered Agent Pri	rinted Name	