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Michael G. Adams
 Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
 Business Filings
 PO Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Articles of Organization
Nonprofit Limited Liability Company

NLC

Please note: This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Organization.

Pursuant to KRS 14A and KRS 275, the undersigned hereby forms a nonprofit limited liability company and for that purpose sets forth the following:

Article I: The name of the nonprofit limited liability company is:
 Lend A Hand of Cloverport, LLC.

Article II: The street address of the non-profit limited liability company's initial registered office in Kentucky is:

700 West Highway 144	Cloverport	KY	40111
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Donna Popham

Article III: The mailing address of the non-profit limited liability company's initial principal office is:

700 West Highway 144	Cloverport	KY	40111
Street Address or Post Office Box Number	City	State	Zip Code

Article IV: The non-profit limited liability company is to be managed by (must check one):

- ☐ A. a manager(s).
☒ B. its member(s).

Article V: The purpose of the non-profit limited liability company is:


Community improvement/beautification ogranization

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: ☐ This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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

	Stephen G. Hopkins	3/11/25
Signature of Organizer	Printed Name	Date
 	Printed Name	Date
 	Printed Name	Date

I, Donna Popham, consent to serve as the registered agent on behalf of the limited liability company.

	Donna Popham	3/11/25
Signature of Registered Agent	Printed Name	Date