

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1347713.06

Fee Receipt: \$40.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/7/2024 1:17 PM

Articles of Organization
Nonprofit Limited Liability Company

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 undersign following:	gned hereby forms a nonprofit limited liability c	ompany and for th	at purpose sets forth the
Article I: The name of the nonprofit limited liabilit	ty company is:		
Villas Lake Homes HOA, LLC			
Article II: The street address of the non-profit lim	nited liability company's initial registered office	in Kentucky is:	
426 Moon Bay Drive	Kuttawa	KY	42055
Street Address Only (No Post Office Box Numbers)		State	Zip Code
and the name of the initial registered agent at tha	at office is Virginia Lee Story, 136 4th Ave	South, Franklin,	ΓN 37064
Article III: The mailing address of the non-profit I			
136 4th Ave South	Franklin	TN	37064
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The non-profit limited liability company	y is to be managed by (must check one):		
A. a manager(s).			
X B. its member(s).			
Article V: The purpose of the non-profit limited lia	ability company is:		
	,		
Manage the common areas of the HOA and (Additional articles not inconsistent with law may Article VI:			nd incorporated by reference.
Please indicate if the following make up more than Veteran Owned (a nonprofit business which is at		aged by one (1) or n	nore veterans.)
I/We declare under penalty of perjury under the l	gws of the state of Kentucky that the foregoing	g is true and correc	t.
100/	Virginia Lee Story	3.7.2	
Signature of Organizer	Printed Name	Date	
Signature of Organizer	Printed Name	Date	1
Signature of Organizer	Printed Name	Date	1
I, Virginia Lee Story	, consent to serve as the registered ag	ent on behalf of th	e limited liability company.
Print Name of Registered Agent			21 1
72	Urrainta 5	tony	317/24
Signature of Registered Agent	Printed Name	Date	

Division of Business Filings

Business Filings

www.sos.ky.gov

PO Box 718 Frankfort, KY 40602 (502) 564-3490