

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/6/2023 2:33 PM

Fee Receipt: \$40.00

**Printed Name** 

**KLC** 

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490	Articles of Organization Limited Liability Company
www.sos.ky.gov	

502) 564-3490 www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the undersigned app	lies to qualify and for that	purpose submits the	following statements:
	ines to qualify and to the		
Article I: The name of the limited liability company is: Lexington Stadium, LLC			
Article II: The street address of the limited liability compa	ny's initial registered office	e in Kentucky is:	10.601
306 W. Main Street, Suite 512	Frankfort	K1	40601
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office i	s CT Corporation System		
		- 1	
Article III: The mailing address of the limited liability com	pany's initial principal offic	DC	20036
1120 20th Street NW, Suite 720S	Washington	State	Zip Code
Street Address or Post Office Box Number	City	State	• • • • • • • • • • • • • • • • • • • •
Article V: This application will be effective upon filing.  If checked, this business is veteran-owned as def	ined by KRS 14A.2-070(4	5) for the purposes o	f 14A.2-165 (see filing
instructions).	,		
I/We declare under penalty of perjury under the laws of	the state of Kentucky that	the foregoing is true	and correct.
Addante 6, Schools	Adelaide G. Schwartz, Att	orney	October 5, 2023
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
I, C T Corporation System Print Name of Registered Agent	_, consent to serve as the registe	red agent on behalf of the	e limited liability company.
C T Corporation System /s/ Eric Jensen	Eric Jensen, Assistant Secretary		

Signature of Registered Agent

Date

By:\_