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Fee Receipt: \$90.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/12/2025 2:39 PM

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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

Articles of Organization Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the und	dersigned applies to qualify and for that purpo	se submits the following statements:
Article I: The name of the limited liability cor	mpany is:	
Article II. The state of the st	Qualman & Associates	446
Article II: The street address of the limited li	ability company's initial registered office in Ke	entucky is:
Street Address Only (No Post Office Box Numbers)	Shephedsville City	18V 40165
and the name of the initial registered agent a	at that office is Robert Qua	State Y0/65 Zip Code
	1.00,11 02 04/	ruan
Article III: The mailing address of the limited	liability company's initial principal office is:	
356 Lodie Lane Street Address or Post Office Box Number		WW
Street Address or Post Office Box Number	Shepheldsville City	State Zip Code
Article IV: The limited liability company is to	he managed by (must all a all	
A. a manager(s).	be managed by (must check one):	
B. its member(s).		
	be stated in the space below or additional pages may	
If checked, this is a veteran-owned business a of all prospective veteran-owners with redactions	s defined by KRS 14A 1-070(45) (Include conics of	EDD 2446
of all prospective veteran-owners with redactions and military ID images will not be available for pul	to remove social security numbers, dates of birth	DD-214 forms or active duty military ID, and home addresses. Note: DD-21/s
and military ID images will not be available for pu	blic view and will be destroyed after verification b	by the Secretary of State).
Check, if applicable: This entity is a retailer.		
This entity is a retailer	of authorized vapor products as defined by KRS 4	38.305(2).
I/We declare under penalty of perjury under th	e laws of the state of Kontrolar Hart Van	
	o laws of the state of Kentucky that the forego	oing is true and correct.
	Polant Suntan	
Signature of Organizer	Printed Name & Title	Date 3-12-25 Date
ignature of Organizer	- Walker Qualman Co	1- Owwe 3-12-22
	Printed Name & Title	Date
Robert Qualman	consent to conve as the wait.	
Frint Name of Registered Agent	, consent to serve as the registered agent on	behalf of the limited liability company.
Signature of Registered Agent	Robert Qualman	2-11-20
1/25)	Printed Name	3-/J-23 Date
(25)		