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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/9/2023 4:11 PM

ARTICLES OF ORGANIZATION

OF

Bakery Express – Midwest, LLC

The undersigned, acting as the organizer, hereby forms a limited liability company under the laws of the Commonwealth of Kentucky, namely the Kentucky Limited Liability Company Act, Kentucky Revised Statutes Chapter 275 (the "Act").

ARTICLE I NAME

The name of this limited liability company is Bakery Express – Midwest, LLC (the "Company").

ARTICLE II REGISTERED OFFICE AND AGENT

The initial registered office of the Company is located at 306 W. Main Street, Suite 512, Frankfort, KY 40601. The Company's initial registered agent is C T Corporation System, whose address is 306 W. Main Street, Suite 512, Frankfort, KY 40601.

ARTICLE III PRINCIPAL ADDRESS

The mailing address of the initial principal office of the Company is Dinsmore & Shohl LLP, Attn: Emily A. Daunhauer, 101 South Fifth Street, Suite 2500, Louisville, KY 40202.

ARTICLE IV MANAGEMENT

The management of the Company is reserved to the Members.

ARTICLE V EFFECTIVE DATE

These Articles of Organization shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization for the sole purpose of forming the Company in accordance with the terms of KRS Chapter 275, on this 5th day of May, 2023.

Enily A. Dawhaver Emily A. Daunhauer, ORGANIZER

THIS INSTRUMENT PREPARED BY:

Emily A. Daurhawer Emily A. Daunhauer, Esq.

DINSMORE & SHOHL LLP

101 S. Fifth St., Suite 2500 Louisville, KY 40202 (502) 540-2300



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

Statement of Consent of Registered Agent (Domestic or Foreign Business Entity)

CRA

Signature of Registered Agent	Pr	inted Name		Title	
Stephane Honey		tephanie Hencz		Assistant Secretar	у
I declare under penalty of perjury	under the laws of	Kentucky that the	forgoing is true a	nd correct.	
Street Address (No Post Office Bo	x Number)	City	State		Zip Code
306 W. Main Street, Suite 512		Frankfort	Kentucky		0601
5. The street address of the regi	stered office addre	ess in Kentucky is:			
The name of the initial register					
3. The state or country of incorp	oration, organization	on or formation is _	Kentucky		
2. The name of the business ent	ity isBakery Exp	ress – Midwest, LLC			
	a limited liabi	lity partnership (KRS 362) ust (KRS 386)			
a limited liability company (KRS 275) a limited partnership (KRS 362)					
The business entity is	a corporation	(KRS 271B, KRS	273 or KRS 274)		
Pursuant to the provisions of KR consents to act as registered age following statements:		•			
www.sos.ky.gov					

FILING INSTRUCTIONS STATEMENT OF CONSENT REGISTERED AGENT

DOCUMENT DELIVERY

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

WHO MAY SIGN

The document must be signed by an individual meeting one of the following requirements:

- If the registered agent is an individual resident of this state, the individual must sign statement.
- If registered agent is a corporation, an officer or the chairman of the board of directors must sign on behalf of the corporation.
- If the registered agent is a limited liability company and management of the company vested in one or more managers, a
 manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a
 member must sign.
- If the registered agent is a limited partnership, a general partner must sign on behalf the limited partnership.
- If the registered agent is a limited liability partnership the statement shall be executed a partner or other person authorized by chapter 362.
- The representative signing the statement of consent on behalf of the business entity acting as agent must designate the title or the capacity in which he or she signs.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

FILING FEE

There is no filing fee for filing this document. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Office of the Secretary of State PO Box 718

Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.