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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/11/2023 2:19 PM Fee Receipt: \$40.00

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

(502) 564-3490 www.sos.ky.gov				
Pursuant to KRS 14A and KRS 275, the un	dersigned applies to qualify and for that p	urpose submits the follo	owing statements:	
Article I: The name of the limited liability co	ompany is:			
Article II: The street address of the limited	liability company's initial registered office	in Kentucky is:		
306 W. MAIN STREET, SUITE 512	FRANKFORT	KENTUCKY	40601	
Street Address Only (No Post Office Box Numbers	City	State	Zip Code	
and the name of the initial registered agent	at that office is CT CORPORATION	5121EIN		
Article III: The mailing address of the limite	ed liability company's initial principal office LEXINGTON	is: KENTUCKY	40517	
3650 TATES CREEK ROAD Street Address or Post Office Box Number	City	State	Zip Code	
A. a manager(s). B. its member(s). Article V: This application will be effective in the control of the contro	upon filing. owned as defined by KRS 14A.2-070(45)	for the purposes of 14A	a.2-165 (see filing	
I/We declare under penalty of perjury unde	The laws of the state of Kentucky that the LUS FLAGS, AMONIES Printed Name & Title			
V				
Signature of Organizer	Printed Name & Title	D	ate	
I, CT CORPORATION SYSTEM Print Name of Registered Agent	, consent to serve as the registered	agent on behalf of the limited	d liability company.	
MAIN M OBuch	Theresa Buck, Assista	Theresa Buck, Assistant Secretary 9/8/2023		
Signature of Registered Agent	Printed Name	Date		