

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

LAOO

1423920.06

Michael G. Adams

Secretary of State

Received and Filed

1/22/2025 12:00:00 AM

Fee receipt: \$40

Michael G. Adams
Secretary of State
P. O. Box 718
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**Articles of Organization
Limited Liability Company**

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

POLARIS GRIEF SUPPORT AND CONSULTING LLC

Article II: The name of the initial registered agent is

Harold Maxwell Polus

and the street address of the entity's initial registered office in Kentucky is

1051 Rockbridge Road, Lexington, KY 40515

Article III: The mailing address of the entity's principal office is

1051 Rockbridge Road, Lexington, KY 40515

Article IV: This entity is managed by **Members**.

This filing will be effective on **Wednesday, January 22, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Organizer: Harold Polus**

I, **Harold Maxwell Polus**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, January 22, 2025.