

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Articles of Organization

KLC

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability (REG
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	plies to qualify and for that pur	pose submits the fo	llowing statements:
Article I: The name of the limited	liability company is	ent & Acquis	sitions	·
Article II: The street address of to 1602 Bank Street Address Only (No Post Office B	the limited liability compa	•	1/1/	Aloll Zip Code
and the name of the initial registe	ered agent at that office	is Ali Abdur-	Rahman	
Article III: The mailing address of	of the limited liability con	npany's initial principal office is		
1602 Banklick Street Address or Post Office Box Nur	ST	Covington	State	ALON.
Article IV: The limited liability con	mpany is to be manage	d by (must check one):		
A. a manager(s). B. its member(s).				The offers
Article V: This application will be	effective upon filing, un	iless a delayed effective date a	nd/or time is provid	ed. The effective
date or the delayed effective date	e cannot be prior to the	date the application is filed. Th	ne date and/or time	(Delayed effective date and/or time)
We declare under penalty of pe	rjury under the laws of t	he state of Kentucky that the fo	oregoing is true and	correct.
Signature of Organizer	rman	Printed Name & Title	av	4/21/20 M
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent		consent to serve as the registered ag	. 1	ed liability company.
Signature of Registered Agent	man	Printed Name	Man 4/2	21/2014

(01/12)