

ARTICLES OF ORGANIZATION
OF
ALDER FLATS, LLC

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned, have this day voluntarily formed a limited liability company pursuant to the Kentucky Limited Company Act, KRS Chapter 275, as follows:

ARTICLE ONE

The name of the limited liability company is ALDER FLATS, LLC.

ARTICLE TWO

The mailing address of the initial principal office is 125 Wallace Avenue, Covington, Kentucky 41014.

ARTICLE THREE

The street address of the initial registered office is 125 Wallace Avenue, Covington, Kentucky 41014, and the name of the initial registered agent at that office is Allison Gastright, and her address is 125 Wallace Avenue, Covington, Kentucky 41014.

ARTICLE FOUR

The company has one member, whose name and address is as follows: Allison Gastright, 125 Wallace Avenue, Covington, Kentucky 41014.

ARTICLE FIVE

The company will be managed by its members in proportion to their interest.

ARTICLE SIX

The name and addresses of the organizer is: Allison Gastright, 125 Wallace Avenue,
Covington, Kentucky 41014.

Allison Gastright
ALLISON GASTRIGHT

COMMONWEALTH OF KENTUCKY
COUNTY OF KENTON

ACKNOWLEDGED, SUBSCRIBED AND SWORN TO before me, a Notary Public, by **ALLISON GASTRIGHT** who personally appeared before me and acknowledged executing this instrument, on this the 2nd day of January, 2025, and I hereby certify that said person acknowledging is personally known to me or, provided satisfactory evidence that the person acknowledging was the person described in and who executed the instrument.

My Commission Expires: 05/19/2028

Gailen W. Bridges
NOTARY PUBLIC, STATE AT LARGE
NOTARY ID NO. KYNP6818

Prepared By:

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