

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

LAOO

1364729.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
5/14/2024 12:00:00 AM  
Fee receipt: \$40

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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

**Summer Frost Equine Designs, LLC**

Article II: The street address of the limited liability company's initial registered office in Kentucky is

**3520 Combs Ferry Rd, Lexington, KY 40509**

and the name of the initial registered agent at that office is **Summer Frost**.

Article III: The mailing address of the limited liability company's initial principal office is

**3520 Combs Ferry Rd, Lexington, KY 40509**

Article IV: The limited liability company is to be managed by **Members**.

Article V: This application will be effective on **Tuesday, May 14, 2024**.

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

Organizer: **Summer Frost**

I, **Summer Frost**, consent to sign for **Summer Frost** who serves as the Registered Agent on behalf of this limited liability company.