



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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**Alison Lundergan Grimes**  
**Kentucky Secretary of State**  
 Received and Filed:  
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Division of Business Filings  
 Business Filings  
 PO Box 718, Frankfort, KY 40602  
 (502) 564-3490  
 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

Skidaddles Franchising, LLC

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

8660 Bankers Street	Florence	KY	41042
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Tiffany Sams

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

8660 Bankers Street	Florence	KY	41042
Street Address or Post Office Box Number	City	State	Zip Code

Article IV: The limited liability company is to be managed by (must check one):

- ☒ A. a manager(s).  
☐ B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_.

Please indicate the county in which your business operates: County: <u>Boone County</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

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

<u>Tiffany Sams</u>	Tiffany Sams	6-28-17
Signature of Organizer	Printed Name & Title	Date
<u>Tiffany Sams</u>	Tiffany Sams	6-28-17
Signature of Registered Agent	Printed Name	Date

I, Tiffany Sams, consent to serve as the registered agent on behalf of the limited liability company.