

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/12/2020 7:16 AM Fee Receipt: \$40.00

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Articles of Organization Limited Liability Company KLC

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LAOO

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: LouGirl502 LLC

article II: The street address of the limited liability comp 212 N. 2nd St. STE 100	Richmond	Kentucky	40475
treet Address Only (No Post Office Box Numbers)	City	State	Zip Code

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

12340 W. U.S. Hwy 42 P.O. Box 211	Goshen	KY	40026
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):

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V	l

A. a manager(s).

B. its member(s).

Article V: This application will be effective upon filing.

If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

Ailler Di	Jamie W. McG	Bloin-King 11/10/2020	
Signature of Organizer	Printed Name & Title	Date	
I. Print Name of Registered Agent	_, consent to serve as the registered agent on behalf of the limited liability company.		
Signature of Registered Agent	Printed Name	Date	





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## Statement of Consent of Registered Agent (Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

✓ a limited lial	n (KRS 271B, KRS 273 or K bility company (KRS 275)	(RS 274)	
a limited lial	rtnership (KRS 362) bility partnership (KRS 362) trust (KRS 386)		
2. The name of the business entity is	UZ LLU		
3. The state or country of incorporation, organiza	tion or formation is Kentu	icky	
4. The name of the initial registered agent is N	orthwest Registered Ag	ent, LLC	<u></u>
5. The street address of the registered office add	ress in Kentucky is:		
212 N. 2nd St. STE 100	Richmond	KY	40475
Street Address (No Post Office Box Number)	City	State	Zip Code

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

11/10/2020 Tom Glover Title Printed Name Signature of Registered Agent