

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings **KLC Articles of Organization 3usiness Filings** O Box 718, Frankfort, KY 40602 **Limited Liability Company** 502) 564-3490 www.sos.ky.gov Pursuant to KRS 14A and KRS 275, the undersigned applies to gualify and for that purpose submits the following statements: Article I: The name of the limited liability company is Article II: The street address of the limited liability company's initial registered office in Kentucky is 305 Highway Ave Street Address Only (No Post Office Box Numbers) and the name of the initial registered agent at that office is _ Article III: The mailing address of the limited liability company's initial principal office is 305 Highway AVC Street Address or Post Office Box Number 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 $\sqrt{2 \cdot 1/6 \cdot 19}$. Please indicate the county in which your business operates: KENTON To complete the following, please shade the box completely. Please indicate whether any of the following applies to your business ownership: Please indicate the size of your business: Small (Fewer than 50 employees) Women Owned ☐ Veteran Owned ☐ Minority Owned ☐ Large (50 or more employees) Please indicate which of the following best describes your business: Construction ☐ Agriculture ☐ Mining □ Services ☐ Wholesale Trade ☐ Retail Trade □ Manufacturing ☐ Finance, Insurance, Real Estate ☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services ☐ Other We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. lignature of Organizer Printed Name & Title ignature of Organizer consent to serve as the registered agent on behalf of the limited liability company. Print Name of Registered Agent /2 · /6 · /9

Signature of Registered Agent