



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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 _____.

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

| Street Address Only (No Post Office Box Numbers) | City | State | Zip Code |
|--|------|-------|----------|
|--|------|-------|----------|

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 _____.

| 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 _____.

(Delayed effective
date and/or time)

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

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

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

Print Name of Registered Agent

Signature of Registered Agent

Printed Name

Date

