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

Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liab	Organization ility Company		KL¢
Pursuant to KRS 14A and KRS : Article I: The name of the limited	275, the underslor	red annies to availed and	£ 40	
Jesse	5 TouT	Todewoods	m 22.7	
Article II: The street address of		company's initial register	ed office in Kentucky is	
Street Address Only (No Post Office B	ox Numbers)	City	enup Ki	4)144
and the name of the initial registe	ered agent at that	office is TESS	Silve 7	Zip Code
Article III: The mailing address o	f the limited liabilit	y company's initial princip	pal office is	
Street Address or Post Office Box Num	0 /N (3-1)	VD Gree	NUP Ky	41144
Article IV: The limited liability con		City naged by (must check on	State 7	Zip Code
¹A, a mer	nager(s),	5 7 (···==; a.i.obik bit)	ω,	
B. its me				
Article V: This application will be or the delayed effective date cann Please indicate the county in which you county:	r business operates:	Sprodion is me		e is
Please indicate the size of your busines	To complete the	following, please shade the b	ox completely,	
Small (Fewer than 50 employees)  Usage (50 or more employees)		ate whether any of the follow Dwned Deteran Owned	ing applies to your busines  Minority Owned	s ownership:
Please indicate which of the following b	est describes your bu	Isiness:		
☐ Wholesale Trade ☐ Retail Tr	ade 🔲 Manu	ces 🔲 Constru	lagraman n_1 r	
We declare under penalty of perju	ry under the laws	of the state of Kentucky t	hat the foregoing is tru	le and correct, 1
ignature of Organizer		Printed Name & Title	StuuT	1/15/2020
gnature of Organizer	_	Printed Name & Title		D-1
Print Name of Registered Agent	<i>T</i>		platered agent on behalf of It	Date
alba The	<del></del> .	Torce el	on a diameter solidii () ()	е инцео выовку сотралу.
gnature of Registered Agent	<u> </u>	Printed Namo	Det. Det.	1/15/21/20

(05/17)