



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL 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**

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:

Adventure with Safety LLC

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

Landrum & Shouse LLP, 106 W Vine St Suite 800	Lexington	KY	40507
<b>Street Address Only (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

and the name of the initial registered agent at that office is Leslie P. Vose Esq.

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

P.O. Box 910821	Lexington	KY	40591
<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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 effective date is \_\_\_\_\_.

Please indicate the county in which your business operates: County: <u>Fayette</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 applies to 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"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Public Administration <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input checked="" type="checkbox"/> Other	

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

<u>Susan H. Pollack MD, FAAP, CPST</u>	Susan H. Pollack MD, FAAP, CPST	7/1/2020
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
I, <u>Leslie P. Vose Esq.</u>		
Print Name of Registered Agent	consent to serve as the registered agent on behalf of the limited liability company.	

<u>Leslie P. Vose Esq.</u>	Leslie P. Vose	July 2, 2020
Signature of Registered Agent	Printed Name	Date