



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 \_\_\_\_\_.

Please indicate the county in which your business operates:

County: \_\_\_\_\_.

*To complete the following, please shade the box completely.*

Please indicate the size of your business:

☐ Small (Fewer than 50 employees)

☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

☐ Women-Owned

☐ Veteran Owned

☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture

☐ Mining

☐ Services

☐ Construction

☐ Wholesale Trade

☐ Retail Trade

☐ Manufacturing

☐ Finance, Insurance, Real Estate

☐ Public Administration

☐ Transportation, Communications, Electric, Gas, Sanitary Services

☐ Other

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

*Robert A. Mullis*

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

*Robert A. Mullis*

Signature of Registered Agent

Printed Name

Date