

## 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 Org Limited Liabilit			KLC
Pursuant to KRS 14A and KRS	1 275, the undersigned	applies to qualify and for that p	ourpose submits the	following statements:
Article I: The name of the limited	d liability company is			
Made By Mendez LLC	)			
Article II: The street address of	the limited liability co	mpany's initial registered office	in Kentucky is	
868 Ridgeview Dr		Frankfort	KY	40601
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that off	ice is Rory J Mendez		*
Article III: The mailing address of	of the limited liability of	company's initial principal office	e is	
868 Ridgeview Dr		Frankfort	KY	40601
Street Address or Post Office Box Nu	mber	City	State	Zip Code
A. a manager(s).  B. its member(s).  Article V: This application will be date or the delayed effective date				
I/We declare under penalty of pe	erjury under the laws	of the state of Kentucky that th	e foregoing is true a	and correct.
Signature of Organizer Signature of Organizer	ndey	Printed Name & Title	endez Men T Memzen	1Ben. 4/23/20 Date 4/23/70 Date
Print Name of Registered Agent Signature of Registered Agent		, consent to serve as the registered Printed Name	d agent on behalf of the li	imited liability company.