



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1391443.06

m Moore
LAOO

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
8/29/2024 3:02 PM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Organization
Limited Liability Company

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).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

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

8/27/24

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

8/29/24

