

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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1436643.06
Michael G. Adams
Secretary of State
Received and Filed
3/10/2025 12:00:00 AM
Fee receipt: \$40

Michael G. Adams
Secretary of State
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**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

CENTRAL KY STORM SOLUTIONS LLC

Article II: The name of the initial registered agent is

Don Mr. Turner

and the street address of the entity's initial registered office in Kentucky is

**137 Cross Creek Drive 137 Cross Creek Drive 137 Cross Creek Drive 137 Cross Creek Drive,
40361, KY 40361**

Article III: The mailing address of the entity's principal office is

137 Cross Creek Drive, Paris, KY 40361

Article IV: This entity is managed by **Members**.

This filing will be effective on **Monday, March 10, 2025**.

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

Signature of individual signing on behalf of **Organizer: Michelle L Turner**

Signature of individual signing on behalf of **Organizer: Don Mr. Turner**

I, **Don Mr. Turner**, consent to serve as the Registered Agent on behalf of this entity on Monday, March 10, 2025.