

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

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Michael G. Adams
Secretary of State
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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

CAPITAL CITY SOLUTIONS LLC

Article II: The name of the initial registered agent is

Entity Protect Registered Agent Services LLC

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

1795 Alysheba Way Ste 7203A, Lexington, KY 40509-2481

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

110 Cherrywood Drive, Frankfort, KY 40601

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

This filing will be effective on **Monday, March 31, 2025**.

I 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: William Jackson**

I, **Eliav Boaron, Authorized Signatory**, consent to sign for **Entity Protect Registered Agent Services LLC** who serves as the Registered Agent on behalf of this entity on Monday, March 31, 2025.