

# COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/19/2024 12:33 PM Fee Receipt: \$40.00

KLC

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 undersig	ned applies to qualify and for that pur	pose submits th	e following statements:
Article I: The name of the limited liability company			0
EUSA KY LLC			
Article II: The street address of the limited liability	company's initial registered office in	Kontucky is:	
828 Lane Allen Rd Ste 219		KY	40504
Street Address Only (No Post Office Box Numbers)	Lexington City	State	Zip Code
and the name of the initial registered agent at that	-		21p 00dc
and the name of the initial registered agent at that	Tollice is Output Colporate Colffice	, mo.	
Article III. The mailing address of the limited light	ity compony's initial principal office is		
Article III: The mailing address of the limited liabil			40324
190 Corporate Blvd. Street Address or Post Office Box Number	Georgetown city	KY State	Zip Code
The state of the s	2,	2000	=.p = 3 d c
☐ If checked, this is a veteran-owned business as deveteran-owners with redactions to remove social sec	curity numbers, dates of birth, and home	addresses. Note	· ·
not be available for public view and will be destroyed	l after verification by the Secretary of Sta	ate).	
I/We declare under penalty of perjury under the la	ws of the state of Kentucky that the fo	oregoing is true	and correct.
01: 5/11			
Robin Sheldon	Robin Sheldon Secreta	ırv	
	Ronin Sheidon Secieta	·· <i>y</i>	Nov 18 2024
ignature of Organizer	Robin Sheldon Secreta Printed Name & Title		Nov 18, 2024 Date
Signature of Organizer			
Signature of Organizer	Printed Name & Title  Printed Name & Title		Date Date
Signature of Organizer  Capitol Corporate Services, Inc.	Printed Name & Title	ent on behalf of the	Date
Capitol Corporate Services, Inc. Print Name of Registered Agent	Printed Name & Title  Printed Name & Title	ent on behalf of the	Date
Signature of Organizer  Signature of Organizer  Capitol Corporate Services, Inc. Print Name of Registered Agent  Signature of Registered Agent	Printed Name & Title  Printed Name & Title		Date Date

# **Kentucky: Limited Liability Company**

eFiling Information Attachment

**Directions:** Please respond to the additional eFiling question(s) below. These question(s) are not listed on the previous pages, yet the responses are required by the eFiling system.

1.	Entity Name	EUSA KY LLC
2.	Please provid	e the business email ulrich.tombuelt@ecofibre.com

Email to be used for official Secretary of State notifications/business correspondence.

# FILING INSTRUCTIONS ARTICLES OF ORGANIZATION

## NAME

The limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC" or "LC." If you wish to abbreviate "limited company," you must use the abbreviation "LTD CO." A limited liability company name must be distinguishable from any name on record with the Office of the Secretary of State.

# REGISTERED AGENT AND REGISTERED OFFICE

Each business entity must appoint and continuously maintain a registered agent to receive legal service of process (i.e., a lawsuit), who shall be an individual resident of Kentucky, a Kentucky entity, or a foreign entity authorized to transact business in Kentucky. The registered office address shall be the street address in Kentucky where the registered agent is located.

## CONSENT OF REGISTERED AGENT

The registered agent shall give written consent to accept the appointment by signing this document or an attachment. If the registered agent is an entity or foreign entity, a signature of the individual authorized to accept the appointment on behalf of the registered agent is required.

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### MANAGEMENT

"Manager(s)" means that the limited liability company has set forth in its articles of organization that it is to be managed by managers. "Member(s)" means the person(s) who have been admitted to membership in a limited liability company.

#### **VETERAN**

Means any person who served in the United States Armed Forces, Reserves, or National Guard and was separated or released therefrom with an honorable discharge, discharge under honorable conditions, or general discharge under honorable conditions or any person who currently serves in the United States Armed Forces, Reserves, or National Guard.

## **VETERAN-OWNED BUSINESS**

KRS 14A.1-070(45) defines a veteran-owned business as one that is at least 51% unconditionally owned by one or more veterans, or in the case of a publicly-owned business, at least 51% of the stock is unconditionally owned by one or more veterans. KRS 14A.2-165 states that the fee for this filing is waived if the business is veteran-owned.

# WHO MAY SIGN

The document must be signed by an organizer.

# ADDITIONAL ARTICLES OF ORGANIZATION OR NEED TO MODIFY THE EXISTING FORM

Additional space is provided for the inclusion of any additional (non-mandatory) articles. Any additional articles shall be consecutive and begin with Article V.

# NUMBER OF COPIES

When filing online with the FastTrack system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

# **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

# FILING FEE

The filing fee for the document is \$40.00. Your check should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS
Michael Adams
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION
Room 152, Capitol Building
700 Capital Avenue
Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

# CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.

# FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.