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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 7/26/2023 2:57 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718

Articles of Organization

KLC

Fronkfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Company			
Pursuant to KRS 14A and KRS	275, the undersigned applies to	qualify and for that purp	ose submits the foll	owing statements:
Article I: The name of the limited GREEN RIVER REAL EST				
Article II: The street address of 469 W GL SMITH ST	the limited liability company's ini	tial registered office in K	entucky is: KENTUCKY	42261
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that office is MEL	ANIE HUNT		
Article III: The mailing address of PO BOX 1502	of the limited liability company's	initial principal office is: MORGANTOWN	KENTUCKY	42261
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article V: This application will b If checked, this business instructions).	e effective upon filing. is veteran-owned as defined by	KRS 14A.2-070(45) for	the purposes of 14	A.2-165 (see filing
I/We declare under penalty of p	erjury under the laws of the state	e of Kentucky that the fo	regoing is true and	correct.
The Ho		MELANIE HUNT MEMBER		06/30/2023
Signature of Organizer	Printed	Name & Title		Date
Signature of Organizer	Printed	Name & Title		Date
I, MELANIE HUNT Print Name of Registered Agent		to serve as the registered age	ent on behalf of the limite	ed liability company.
Infastion		ANIE HUNT	06/30/2	023
Signature of Registered Agent	Printed	Name	Date	