

**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
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**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

RECOVERY ROAD PICKERS, LLC

Article II: The name of the initial registered agent is

Inc Authority RA

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

710 E MAIN ST, LEXINGTON, KY 40502

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

101 N Peterson Ave, Louisville, KY 40206

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

This application will be effective on **Wednesday, July 24, 2024**.

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: Randie Schmidt**

I, **Trevor Rowley**, consent to sign for **Inc Authority RA** who serves as the Registered Agent on behalf of this entity on Wednesday, July 24, 2024.