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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
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:

Elkhorn Construction LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

121 Riley St	Stamping Ground	KY	40379
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Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is Bradley B Polley

Article III: The mailing address of the limited liability company's initial principal office is:

121 Riley St	Stamping Ground	KY	40379
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Street Address or Post Office Box Number

City

State

Zip Code

Article IV: The limited liability company is to be managed by (must check one):

A

A. a manager(s).

B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: ☐ This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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

Bradley B. Pallen
Signature of Organizer

Bradley B Polley
Printed Name & Title

2/21/25
Date

Signature of Organizer

Printed Name & Title

Date _____

I, _____, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Signature of Registered Agent

Printed Name _____

Date _____