

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings	Articles of Organi	zation		KLC
Business Filings PO Box 718	Limited Liability Company			
Frankfort, KY 40602				
(502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS	275, the undersigned app	olies to qualify and for that pu	rpose submits the fo	llowing statements:
Article I: The name of the limite	d liability company is			
Art With S	041			•
Article II: The street address of	the limited liability compa	any's initial registered office in	n Kentucky is	
1009 Deer Cro Street Address Only (No Post Office		Lexington	KY	40509
Street Address Only (No Post Office	Box Numbers)	City	State	Zip Code
and the name of the initial regis	tered agent at that office	is Alexis Mez	.a	•
Article III: The mailing address	of the limited liability com	pany's initial principal office i	s	
1009 Doer Pros	Sim Way	<u>Lexing ton</u>	KY	40509
1009 Deer Cros Street Address or Post Office Box No	umber	City	State	Zip Code
Article IV: The limited liability of	ompany is to be manage	d by (must check one):		
A. a manager(s).	от при том от			
B. its member(s).				
Article V: This application will b	oe effective upon filing, ur	nless a delayed effective date	and/or time is provid	ded. The effective
date or the delayed effective da				
date or the delayed effective da	tte cannot be phor to the	date the application to mean		(Delayed effective date and/or time)
I/We declare under penalty of p	perjury under the laws of t	he state of Kentucky that the	foregoing is true and	d correct.
A Deephyland	, ,	Alevis Alona		July 29,20
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
, Alexis Me	27a	, consent to serve as the registered	agent on behalf of the limi	ted liability company.
Print Name of Registered Agent)	Alpris MP70	ŧ	v 29th, 201
Signature of Registered Agent	,	Printed Name	Date	