

**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
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**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

Jacksonfamilyssoulties L.L.C.

Article II: The name of the initial registered agent is

Kievin Jackson

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

631 Triple Crown Pkwy, Lexington, KY 40508

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

631 Triple Crown Pkwy, Lexington, KY 40508

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

This application will be effective on **Thursday, July 11, 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: Kievin Jackson**

I, **Kievin Jackson**, consent to sign for **Kievin Jackson** who serves as the Registered Agent on behalf of this entity on Thursday, July 11, 2024.