



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
Kentucky Secretary of State
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Division of Business Filings
 Business Filings
 PO 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

Kachler Real Estate Services, LLC

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

| | | | |
|---|-------------|--------------|-----------------|
| 179 Edgemont Road | Maysville | KY | 41056 |
| Street Address Only (No Post Office Box Numbers) | City | State | Zip Code |

and the name of the initial registered agent at that office is Mark Kachler

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

| | | | |
|---|-------------|--------------|-----------------|
| 179 Edgemont Road | Maysville | KY | 41056 |
| 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 manager(s).
☒ B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 1/1/2020.

Please indicate the county in which your business operates:
 County: Mason

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☒ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services | | |
| <input type="checkbox"/> Other | | | |

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

| | | |
|-------------------------------|---------------------------------|-------------|
| | Mark Kachler | 12/19/19 |
| Signature of Organizer | Printed Name & Title | Date |

| | | |
|-------------------------------|---------------------------------|-------------|
| | Gail R. Kachler | 12/19/19 |
| Signature of Organizer | Printed Name & Title | Date |

I, Mark Kachler, consent to serve as the registered agent on behalf of the limited liability company.

| | | |
|--------------------------------------|---------------------|-------------|
| | Mark Kachler | |
| Signature of Registered Agent | Printed Name | Date |