

**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

PAIN FREAK ENTERTAINMENT LLC

Article II: The name of the initial registered agent is

Pain Freak Entertainment

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

309 Broadway St #21, Cave City, KY 42127

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

309 Broadway St #21, Cave City, KY 42127

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

This filing will be effective on **Saturday, February 1, 2025**.

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: Pain Freak**

I, **N Pierce**, consent to sign for **Pain Freak Entertainment** who serves as the Registered Agent on behalf of this entity on Saturday, February 1, 2025.