

**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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Frankfort, KY 40602-0718  
(502) 564-3490  
<http://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

**Greenleaf Dispensary Frankfort, LLC**

Article II: The name of the initial registered agent is

**Jonas Bastien**

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

**201 E Main St Ste 1402, Lexington, KY 40507**

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

**1140 Us Highway 127 S, Frankfort, KY 40601**

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

This application will be effective on **Wednesday, July 31, 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: Bijalkumar Patel**

I, **Jonas Bastien**, consent to sign for **Jonas Bastien** who serves as the Registered Agent on behalf of this entity on Wednesday, July 31, 2024.