



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718	Articles of Organization	KLC
Frankfort, KY 40602 (502) 564-3490	Limited Liability Company	
www.sos.ky.gov		

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: Peak Q Properties LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is: STF 100 KY Richmond 212 N 2nd St

212 N. 2nd St.	STÉ 100	Richmond	KY	40475
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initi	al registered agent at that office is _F	Registered Agents I	nc	
Article III: The mailing a	ddress of the limited liability compan	y's initial principal office	e is:	
PO Box 603		Paris	KY	40362
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited lia	ability company is to be managed by	(must check one):		
	A. a manager(s).			
	A. a manager(o).			
	B. its member(s).			

Article V: This application will be effective upon filing.

If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

Nolso Malio	Kelsie Calv	<b>VO</b> Managir	ng Member	21	212	22
Signature of Organizer	Printed Name & Ti	itle		Date		
I, Registered Agents Inc Print Name of Registered Agent	, consent to serve as	the registered agent on b	ehalf of the lim	ited liability	company.	
David Reports	David	Roberts	Feb	21	2023	
Signature of Registered Agent	Printed Name		Date		avia	

(07/20)