

1439559.06 mmoore
ADD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
3/19/2025 3:24 PM
Fee Receipt: \$40.00

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

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

**Articles of Organization
Limited Liability Company**

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:
fyberLogic LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:
9910 US Highway 60 West Henderson KY 42420
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Robert Morphew

Article III: The mailing address of the limited liability company's initial principal office is:
300 1st Street Henderson KY 42420
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):

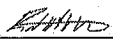
- A. a manager(s).
 B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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

 Robert Morphew, Organizer 03/19/2025
Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, Robert Morphew, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

 Robert Morphew 03/19/2025
Signature of Registered Agent Printed Name Date