

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Articles of Organization Limited Liability Company** 

1305760.06

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 9/5/2023 1:26 PM Fee Receipt: \$40.00

**KLC** 

| Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov          | Limited Liability Company                                     |                                |                      |                        |                          |
|--|---|--------------------------------|----------------------|------------------------|--------------------------|
| Pursuant to KRS 14A and KRS 2                                    | 275, the undersigned appl                                     | ies to qualify an              | d for that purpo     | se submits the t       | following statements:    |
| Article I: The name of the limited                               | d liability company is:                                       |                                |                      |                        |                          |
| Commodore Inclusive, LLC   |   |                                |                      |                        |                          |
| Article II: The street address of                                | the limited liability compar                                  | ny's initial regist            | ered office in Ke    | entucky is:            |                          |
| 212 N. 2nd St.   | STE 100   | Richmone                       |                      | KY                     | 40475                    |
| Street Address Only (No Post Office E                            | Box Numbers)  | City                           |                      | State                  | Zip Code                 |
| and the name of the initial regist                               | ered agent at that office is                                  | Northwest Regi                 | stered Agent LLC     |                        |                          |
| Article III: The mailing address of 212 N. 2nd St.               | of the limited liability comp<br>STE 100                      | any's initial prin<br>Richmone |                      | кү                     | 40475                    |
| Street Address or Post Office Box Nu                             | mber  | City                           |                      | State                  | Zip Code                 |
| Article V: This application will be                              | nember(s). e effective upon filing. is veteran-owned as defin | ed by KRS 14A                  | .2-070(45) for th    | ne purposes of '       | 14A.2-165 (see filing    |
| I declare under penalty of perjur                                | y under the laws of the sta                                   | te of Kentucky                 | that the foregoir    | ng is true and co      | rrect.                   |
| Signature of Organizer   | - Versiell  | Chrissy H                      |                      | wner                   | 9/5/23<br>Date           |
| I, Northwest Registered Agent LLC Print Name of Registered Agent | °   | onsent to serve as             | the registered agent | t on behalf of the lim | nited liability company. |
| Top. Nam   | -   | Taylor                         | Newman               | 9.                     | /5/23                    |
| Signature of Registered Agent                                    | F   | rinted Name                    |                      | Date                   |                          |

**Division of Business Filings** 

P.O. Box 718