



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
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

RTM VENTURES, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

3041 COX MILL RD

HOPKINSVILLE KY

42240

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **LEA MARTIN**

Article III: The mailing address of the limited liability company's initial principal office is

3041 COX MILL RD

HOPKINSVILLE KY

42240

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).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective
date and/or time)

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

Lea Martin
Signature of Organizer

Lea Martin owner
Printed Name & Title

8-22-13
Date

Signature of Organizer

Printed Name & Title

Date

LEA MARTIN

I, _____, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

Lea Martin
Signature of Registered Agent

Lea Martin
Printed Name

8-22-13
Date



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Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: LOCKETS BY LEA
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: RTM VENTURES, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input type="checkbox"/> a Foreign Corporation
<input checked="" type="checkbox"/> a Domestic Limited Liability Company	<input type="checkbox"/> a Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of KENTUCKY

6. The mailing address is:

<u>3041 COX MILL RD</u>	<u>HOPKINSVILLE KY</u>	<u>42240</u>
Street Address or Post Office Box Numbers	City	State Zip

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

<u>Lea C Martin</u>	<u>Lea C Martin</u>	<u>owner</u>	<u>8/22/13</u>
Authorized Party Signature	Printed Name	Title	Date