

**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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**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

CITY NAILS MADISONVILLE LLC

Article II: The name of the initial registered agent is

TRI NGUYEN

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

455 MADISON SQUARE DR, MADISONVILLE, KY 42431

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

455 MADISON SQUARE DR, MADISONVILLE, KY 42431

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

This application will be effective on **Monday, June 24, 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: TRI NGUYEN**

I, **TRI NGUYEN**, consent to serve as the Registered Agent on behalf of this entity on Monday, June 24, 2024.