

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

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/10/2022 11:38 AM Fee Receipt: \$40.00

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 unders	igned applies to qualify and for that	purpose submits the	ne following statements:	
Article I: The name of the limited liability compa	any is: FreeUp Storage Simpso	onville, LLC		
Article II: The street address of the limited liabil	• • •	•	40504	
828 Lane Allen Road #219 Street Address Only (No Post Office Box Numbers)	Lexington City	<u>KY</u> State	40504 Zip Code	
and the name of the initial registered agent at the			Zip Code	
and the name of the initial registered agent at tr	lat office is			
Article III: The mailing address of the limited lia	hility company's initial principal offic	o ic:		
Article III: The mailing address of the limited lia 1440 Brickyard Rd Unit 4	Golden	CO	80403	
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 upor	ı filina.			
and the time approach this se checked aper	9.			
If checked, this business is veteran-owner	ed as defined by KRS 14A 2-070(45	) for the purposes	of 14A 2-165 (see filing	
nstructions).	54 45 45 miles by 111.5 1 mile 51 6(15)	, ror tilo parpodoo	01 1 17 1.2 100 (000 111111g	
declare under penalty of perjury under the law	s of the state of Kentucky that the fo	regoing is true and	correct.	
	•			
	Byron Elliott		05/09/2022	
Byzon Cliott				
Signature of Organizer	Printed Name & Title		Date	
SEE ATTACHED	, consent to serve as the registere	d agent on behalf of the	e limited liability company.	
Print Name of Registered Agent	, 2222 12 222 42 4.12 139101010		y admyddig	
SEE ATTACHED	SEE ATTACHED	:	SEE ATTACHED	
Signature of Registered Agent	Printed Name	Date		

## STATE OF KENTUCKY

## REGISTERED AGENT CONSENT FORM

**DATE:** 5/9/2022

**COMPANY NAME:** FreeUp Storage Simpsonville, LLC

## **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 828 Lane Allen Road, Suite 219 Lexington, KY 40504

Paracorp Incorporated hereby accepts appointment as registered agent for and on behalf of the above-referenced company.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated