Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://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

### ACTIVE SOLUTIONS-TRAINING & CONSULTING LLC

Article II: The name of the initial registered agent is

**Brian Patrick Kane** 

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

### 414 e 9th st, Newport, KY 41071

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

#### 414 e 9th st, Newport, KY 41071

Article IV: This entity is managed by Managers.

This application will be effective on Friday, June 14, 2024.

l 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: Brian P.** Kane

l, **Brian Patrick Kane**, consent to serve as the Registered Agent on behalf of this entity on Friday, June 14, 2024.

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