



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Articles of Organization Limited Liability Company **KLC**

		23-4 638-9 (0) (10-6-6) (10-7)	NOTE AND THE REPORT OF THE PERSON OF THE PER
Pursuant to KRS 14A and KRS 275, the undersigned ap	plies to qualify and for that purpo	ose submits the fo	bllowing statements:
Article I: The name of the limited liability company is:	LLC		***************************************
Article II: The street address of the limited liability composition of the limital registered agent at that office	City	entucky is:	<u>40509</u> .
Article III: The mailing address of the limited liability con SI Prosperous Place 42A Street Address or Post Office Box Number	npany's initial principal office is:	State	YUSU9 Zip Code
Article IV: The limited liability company is to be manage A. a manager(s). B. its member(s).	d by (must check one):		
Article V: This application will be effective upon filing.			
If checked, this business is veteran-owned as definstructions).	fined by KRS 14A.2-070(45) for t	the purposes of 1	4A.2-165 (see filing
I/We declare under penalty of perjury under the laws of	the state of Kentucky that the for	regoing is true an	d correct.
Signature of Organizer	Rell: Newman Printed Name & Title	owner	2/27/2023 Date
Signature of Organizer	Printed Name & Title		Date
Print Name of Registered Agent	, consent to serve as the registered age	nt on behalf of the lim	ited liability company.
Li m	Kelli Newman	2	127/2023
Signature of Registered Agent	Printed Name	Date	