COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, 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 Nonprofit Limited Liability Company

1433174.06 Michael G. Adams

Kentucky Secretary of State Received and Filed: 2/26/2025 3:40 PM Fee Receipt: \$90.00

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Please note: This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Organization.

Pursuant to KRS 14A and KRS 275, the undersigned hereby forms a nonprofit limited liability company and for that purpose sets forth the following:

Article I: The name of the nonprofit limited liability company is: Second Chance Outcast Rescue For Equines LLC

1058 Doug Hill Rd	Island	Ky	42350
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office is Jame	es B. Markwell		
Article III: The mailing address of the non-profit limited liability cor	npany's initial principal office	is:	
Article III: The mailing address of the non-profit limited liability cor 1058 Doug Hill Rd	npany's initial principal office Island	is: Ky	42350
5 1 ,			42350 Zip Code
1058 Doug Hill Rd	Island City	Ку	

B. its member(s).

Article V: The purpose of the non-profit limited liability company is:

To engage in any lawful activity related to and necessary for equine rescue and rehabilitation.

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

 \Box X f checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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

Signature of Registered Agent	Printed Name	Date
CAM	James B. Markwell	02/26/2025
Print Name of Registered Agent		
_{I,} James B. Markwell	, consent to serve as the registered agent	on behalf of the limited liability company
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name Jessica D. Markwell	Date 02/26/2025
(f)	James B. Markwell	02/26/2025

FILING INSTRUCTIONS ARTICLES OF ORGANIZATION

NAME

The limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC" or "LC." The word "Limited," may be abbreviated as "LTD." And the word "Company" may be abbreviated as "CO." A limited liability company name must be distinguishable from any name on record with the Office of the Secretary of State.

REGISTERED AGENT AND REGISTERED OFFICE

Each business entity must appoint and continuously maintain a registered agent to receive legal service of process (i.e., a lawsuit), who shall be an individual resident of Kentucky, a Kentucky entity, or a foreign entity authorized to transact business in Kentucky. The registered office address shall be the street address in Kentucky where the registered agent is located.

CONSENT OF REGISTERED AGENT

The registered agent shall give written consent to accept the appointment by signing this document or an attachment. If the registered agent is an entity or foreign entity, a signature of the individual authorized to accept the appointment on behalf of the registered agent is required.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

MANAGEMENT

"Manager(s)" means that the non-profit limited liability company has set forth in its articles of organization that it is to be managed by managers. "Member(s)" means the person(s) who have been admitted to membership in a non-profit limited liability company

PURPOSE

A non-profit limited liability company must state the purpose for which it is organized. The purpose can be any lawful purpose or purposes including, but not limited to: charitable; benevolent; eleemosynary; educational; civic; patriotic; political; governmental; religious; social; recreational; fraternal; literary; cultural; athletic; scientific; scientific; agricultural; horticultural; animal husbandry; and professional, commercial, industrial or trade association.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

VETERAN

Means any person who served in the United States Armed Forces, Reserves, or National Guard and was separated or released therefrom with an honorable discharge, discharge under honorable conditions, or general discharge under honorable conditions or any person who currently serves in the United States Armed Forces, Reserves, or National Guard.

VETERAN-OWNED BUSINESS

KRS 14A.1-070(45) defines a veteran-owned business as one that is at least 51% unconditionally owned by one or more veterans, or in the case of a publiclyowned business, at least 51% of the stock is unconditionally owned by one or more veterans or a nonprofit business which is at least fifty-one percent (51%) unconditionally managed by one (1) or more veterans. KRS 14A.2-165 states that the fee for this filing is waived if the business is veteran-owned.

AUTHORIZED VAPOR PRODUCT

Means a vapor product containing nicotine for which the manufacturer has obtained: (a) Authorization from the FDA; or (b) A safe harbor certification.

WHO MAY SIGN

The documents must be signed by the organizer.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

ADDITIONAL ARTICLES OF ORGANIZATION OR NEED TO MODIFY THE EXISTING FORM

Additional space is provided for the inclusion of any additional (non-mandatory) articles. Any additional articles shall be consecutive and begin with Article VI.

NUMBER OF COPIES

When filing online with the One Stop Business Portal system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for this document is \$40.00. Your check should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS	OFFICE LOCATION
Michael Adams	Room 152, Capitol Building
Office of the Secretary of State	700 Capital Avenue
P. O. Box 718	Frankfort, KY 40601
Frankfort, KY 40602-0718	Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call our office at 502-564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES: The limited liability company must file an **annual report** with the Office of the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Office of the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Office of the Secretary of State whenever a change has occurred involving any of the above categories.