

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Kentucky Secretary of State  
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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

**ANCHOR POINT MEDICINALS LLC**

Article II: The name of the initial registered agent is

**Clint Dickens**

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

**7 Anchorage Pointe, Anchorage, KY 40223**

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

**7 Anchorage Pointe, Anchorage, KY 40223**

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

This filing will be effective on **Friday, November 1, 2024**.

This business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165.

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: Clint Dickens**

I, **Clint Dickens**, consent to serve as the Registered Agent on behalf of this entity on Friday, November 1, 2024.