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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/8/2025 3:11 PM

1/8/2025 3:11 PM Fee Receipt: \$0.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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

(502) 564-3490 www.sos.ky.gov				
Pursuant to KRS 14A and KRS 275, the und	lersigned applies	to qualify and for that pu	urpose submits the	following statements:
Article I: The name of the limited liability con	mpany is:			
CODE THE M.	ARKET	LLC		
Article II: The street address of the limited lie 1760 CaHe Street Address Only (No Post Office Box Numbers)	ability company's 十 尺と	initial registered office in	n Kentucky is:	42748
Street Address Only (No Post Office Box Numbers)		Classatian	State	Zip Code
and the name of the initial registered agent a	at that office is	Chirstophe	c Lane	1 PERT
Article III: The mailing address of the limited	l liability company	s initial principal office i	ie.	
1760 Catlett R				41748
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).	ze managez zy	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
B. its member(s).				
(Additional articles not inconsistent with law may	, he stated in the spe	es below or additional page	s may be attached and	lineamented by reference \
(Additional articles not inconsistent with law may	be stated in the spa	ice below of additional page	s may be attached and	incorporated by reference.
If checked, this is a veteran-owned business of all prospective veteran-owners with redaction and military ID images will not be available for p	ns to remove social	security numbers, dates of	of birth, and home ad	dresses. Note: DD-214s
Check one (required):				
Mathis entity is NOT a	a tobacco retailer a	s defined by KRS 438.305	(9)	
I/We declare under penalty of perjury under	the laws of the st	ate of Kentucky that the	foregoing is true a	nd correct.
11-11		hastopher La	-Ta-+	- 1/0/1000
Signature of Organizer	Print	ed Name & Title	ine I ven I	1/8/2025 Date
2				
Signature of Organizer	Print	ed Name & Title		Date
Print Name of Registered Agent	rent, conse	ent to serve as the registered	agent on behalf of the lir	nited liability company.
112	P	hastopher La	instrent 11	8/2015
Signature of Registered Agent	Drint	ad Name	Date	