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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/28/2023 9:27 AM Fee Receipt: \$40.00



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 Org | | | KLC |
|---|---|---|---|----------------------------|
| Pursuant to KRS 14A and KRS | 275, the undersigned a | applies to qualify and for that | purpose submits th | e following statements: |
| Article I: The name of the limite Hummingbird Events, LLC | 1.0 | - | *************************************** | |
| Article II: The street address of 691 Covington Grov | e Blvd | npany's initial registered office Bowling Gr | | 42104 |
| Street Address Only (No Post Office B and the name of the initial regist | March St. C. Control of the Control | ce is Stacy Brandau | State | Zip Code |
| Article III: The mailing address of 760 Campbell Lane | | | | 42104 |
| Street Address or Post Office Box Nu | | City | State | Zip Code |
| Article V: This application will be | | efined by KRS 14A.2-070(45 |) for the purposes o | of 14A.2-165 (see filing |
| I/We declare under penalty of pe | erjury under the laws o | f the state of Kentucky that the Stacy Brandau, | | and correct. 8/4/23 |
| Signature of Organizer | | Printed Name & Title | | Date |
| Signature of Organizer | | Printed Name & Title | | Date |
| Stacy Brandau Print Name of Registered Agent | 10 | _, consent to serve as the registere | d agent on behalf of the | limited liability company. |
| Heich ran | du | Stacy Brandau | 8/4 | /23 |
| Signature of Registered Agent | | Printed Name | Date | |

(02/23)