

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/26/2022 4:03 PM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

Articles of Organization Limited Liability Company

KLC

(502) 564-3490 www.sos.ky.gov	Limited Liability Company			
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to qualify	and for that purpose subm	its the following statements:	
	I liability company is: Sullenger Pro		g	
	he limited liability company's initial reg	•		
629 Washington Street	Padu		42003	
Street Address Only (No Post Office B		State	Zip Code	
and the name of the initial registe	ered agent at that office is <u>D. Wes S</u>	sullenger		
Article III: The mailing address o	of the limited liability company's initial p	orincipal office is:		
629 Washington Street	Padu	cah KY	42003	
Street Address or Post Office Box Nui	mber City	State	Zip Code	
	e effective upon filing. s veteran-owned as defined by KRS 1	4A.2-070(45) for the purpo:	ses of 14A.2-165 (see filing	
instructions). I declare under penalty of perjury	under the laws of the state of Kentucl	κy that the foregoing is true	and correct.	
Wes Sellingen	D. Wes	Sullenger, Men	nber 4/23/2022	
Signature of Organizer	Printed Name &	Title	Date	
D. Wes Sullenge	er, consent to serve	, consent to serve as the registered agent on behalf of the limited liability company.		
Wes Sallangen	D. Wes	s Sullenger -	4/23/2022	
Signature of Registered Agent	Printed Name		Date	