

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1165981.06

balimonos LAOO

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/30/2021 5:28 AM 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

| www.sos.ky.gov | * * * | | |
|--|--|-----------------------------------|--------------------------------------|
| Pursuant to KRS 14A and KRS 275, t | he undersigned applies to qualify and | for that purpose submits th | e following statements: |
| | ility company is: Robert Scott Elec | | 0 . |
| | mited liability company's initial register | | |
| 5068 Asbury Road | Augusta | KY | 41002 |
| Street Address Only (No Post Office Box No and the name of the initial registered | agent at that office is Robert Scott | State | Zip Code |
| | limited liability company's initial princi | oal office is: | |
| 5068 Asbury Road | Augusta | KY | 41002 |
| Street Address or Post Office Box Number | City | State | Zip Code |
| B. its member | er(s). | | |
| B. its member | er(s). | | |
| Article V: This application will be effe | ctive upon filing. | | |
| If checked, this business is vetoinstructions). | eran-owned as defined by KRS 14A.2- | 070(45) for the purposes o | f 14A.2-165 (see filing |
| l declare under penalty of perjury und | er the laws of the state of Kentucky tha | at the foregoing is true and o | correct. |
| Ashi CH | Robert S | cott | |
| USO K S COS | | | 8/26/2021 |
| Robert Scott Print Name of Registered Agent | Printed Name & Title , consent to serve as the | registered agent on behalf of the | Date / limited liability company. |
| A A K C A A A A A A A A A A A A A A A A | Robert So | cott | 126/2021 |
| Signature of Registered Agent | Printed Name | Date / | VO[VOL] |