

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

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Michael G. Adams
Secretary of State
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Michael G. Adams
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

STARKESHA MORRIS LLC

Article II: The name of the initial registered agent is

STARKESHA MORRIS

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

1416 CLOVER TRACE PL UNIT 201, LOUISVILLE, KY 40216

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

271 W. SHORT ST STE 410 #1792, LEXINGTON, KY 40507

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

This filing will be effective on **Monday, March 31, 2025**.

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**:
STARKESHA MORRIS

I, **STARKESHA MORRIS**, consent to serve as the Registered Agent on behalf of this entity on Monday, March 31, 2025.