

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 1097987.06

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/5/2023 1:33 PM Fee Receipt: \$40.00

**Division of Business Filings** P.O. Box 718 Frankfort, KY 40602

## **Articles of Dissolution**

Limited Liability Company

| (502) 564-3490<br>www.sos.ky.gov       | professional service LLC.  Please note: Filing this form with | the Office of the Secretary of State does is complete. Filers are encouraged to see of Dissolution. | s not ensure the                      |
|--|---|---|---------------------------------------|
| articles of dissolution:               |   | ersigned limited liability company exe  | ecutes the following                  |
| Article I. The name of the limited     | liability company is Quench & 7                               | Temper LLC be identical to the name on record with the  | · · · · · · · · · · · · · · · · · · · |
|  | suant to following subsection of KF                           | RS 275.285: (check one only)  |                                       |
|  | , , ,   | ny set forth in the articles of organiza  |                                       |
|  |   | of organization or a written operating  | g agreement;                          |
|  | sent of all the members; or                                   |   |                                       |
| (4) There are no remaini               | ng members.   |   |                                       |
| Article III. The effective date of d   | issolution is 12/26/20222                                     |   |                                       |
|  | (The effective date of diss                                   | solution is the date the event in Article II o  | ccurred.)                             |
| Article IV. Additional information,    | , if applicable, that the member(s)                           | or manager(s) filing deem proper:   |                                       |
|  |   |   |                                       |
|  |   |   |                                       |
|  |   |   | r.,                                   |
| I/We declare under penalty of pe       | griun under the laws of the state of                          | f Kentucky that the foregoing is true   | and correct.                          |
| MUUN TALV                              | April Ca  | stle CEO  | 12/27/22                              |
| Signature of authorized representative | Printed Nar   | ne Title  | Date                                  |