

**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

CABBY'S ITALIAN WATER ICE LLC

Article II: The name of the initial registered agent is

Carrieray Black

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

512 Shumard Drive, Lexington, KY 40508

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

512 Shumard Drive, Lexington, KY 40508

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

This filing will be effective on **Wednesday, September 18, 2024**.

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: Carrieray Black**

I, **Carrieray Black**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, September 18, 2024.