

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

LAOO  
1421287.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/13/2025 12:00:00 AM  
Fee receipt: \$40

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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

**PROWAY MEDIA GROUP LLC**

Article II: The name of the initial registered agent is

**Toniqua Bolden**

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

**110 N Court St, Scottsville, KY 42164**

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

**Toniqua Bolden 110 N Court St, Scottsville, KY 42164**

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

Article V: Additional articles not inconsistent with law may be stated in the space below.

**Certification of Formation**

**The undersigned natural persons, of age eighteen years or more, acting as organizers of a Limited Liability Company under the Any State Limited Liability company Act, adopting the following certificate of formation for such Limited Liability Company.**

**Article I. Name of Limited Liability Company. The name of this Limited Liability Company is Proway Media Group, LLC.**

**Article II. Registered Agent and Registered Office. The initial registered office of this Limited Liability Company and the name of its initial registered agent at this address are:**

**Toniqua Bolden, 110 N Court St, Scottsville, Kentucky, 42164**  
**Mariae Reeves, 110 N Court St, Scottsville, Kentucky, 42164**

**Article III. Statement of Purposes. The purposes for which this Limited Liability Company is organized are:**

**To open and operate companies specializing in media, music, modeling, management, film, and**

to engage in any other lawful business for which limited liability companies  
this state. It is understood that the foregoing statement of powers shall not  
on the powers or abilities of this L.L.C which shall be permitted to engage  
activities. If this LLC intends to engage in business activities outside the s  
that require the qualification of this LLC in other states, it shall obtain such  
engaging in such out-of-state activities.

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**Article IV. Management, Names, and Addresses of Initial Members.** The management of this  
Limited Liability Company is reserved to the members. The names and addresses of its initial  
members are:

**Toniqua Bolden, 110 N Court St, Scottsville, Kentucky, 42164**  
**Mariae Reeves, 110 N Court St, Scottsville, Kentucky, 42164**

**Article V. Principal Place of Business of the Limited Liability Company.** The principal place of  
business of the Limited Liability Company shall be:

**Toniqua Bolden, 110 N Court St, Scottsville, Kentucky, 42164**  
**Mariae Reeves, 110 N Court St, Scottsville, Kentucky, 42164**

**Article VI. Period of Duration of the Limited Liability Company.** The period of duration of this  
Limited Liability Company shall be:

**Perpetual**

This filing will be effective on **Monday, January 13, 2025.**

We 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: Toniqua  
Bolden**

Signature of individual signing on behalf of **Organizer: Mariae  
Reeves**

I, **Toniqua Bolden**, consent to serve as the Registered Agent on  
behalf of this entity on Monday, January 13, 2025.