

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

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Michael G. Adams  
KY 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 company is

**BOX PAYMENT LLC**

**Article II:** The street address of the company's initial registered office in Kentucky is

**1243 hickory lane, Owensboro, KY 42303**

and the name of the initial registered agent at that address is **GUILLERMINA INES VERA**

**Article III:** The mailing address of the company's initial principal office is

**1243 hickory lane, Owensboro, KY 42303**

**Article IV:** The limited liability company is to be managed by **Members**

**Article V:**

This Filing is Effective on Monday, March 4, 2024

Executed by the Organizers on Monday, March 4, 2024

**GUILLERMINA INES VERA**

Title: Incorporator

**GUILLERMINA INES VERA**

Title: Director

I, **GUILLERMINA INES VERA**, consent to serve as the Registered Agent on behalf of the limited liability company.  
on Monday, March 4, 2024