

**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
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

Hart County Mobile Massage LLC

Article II: The name of the initial registered agent is

Julia Wilson

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

334 Old Cut Rd E, Munfordville, KY 42765

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

334 Old Cut Rd E, Munfordville, KY 42765

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

This filing will be effective on **Thursday, November 7, 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: Julia Renee Wilson**

I, **Julia Renee Wilson**, consent to sign for **Julia Wilson** who serves as the Registered Agent on behalf of this entity on Thursday, November 7, 2024.