



**COMMONWEALTH OF KENTUCKY  
MICHAEL ADAMS, SECRETARY OF STATE**

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**Michael G. Adams**  
**Kentucky Secretary of State**  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
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:

KJ Mitchell Properties LLC

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

<u>1716 Gardiner Lane</u>	<u>Louisville</u>	<u>KY</u>	<u>40205</u>
<b>Street Address Only (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

and the name of the initial registered agent at that office is Jonathan Mitchell

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

<u>1716 Gardiner Lane</u>	<u>Louisville</u>	<u>KY</u>	<u>40205</u>
<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Article IV: The limited liability company is to be managed by (must check one):

- ☒ A. a manager(s).  
☐ B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is \_\_\_\_\_.

Please indicate the county in which your business operates:

County: Jefferson

*To complete the following, please shade the box completely.*

Please indicate the size of your business:

- ☒ Small (Fewer than 50 employees)  
☐ Large (50 or more employees)

Please indicate whether any of the following applies to your business ownership:

- ☐ Women Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Mining   | <input type="checkbox"/> Services      | <input type="checkbox"/> Construction                               |
| <input type="checkbox"/> Wholesale Trade       | <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services |  |   |
| <input type="checkbox"/> Other                 |   |  |   |

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.



Jonathan Mitchell, Member  
**Printed Name & Title**

9/2/22  
**Date**

**Signature of Organizer**

**Printed Name & Title**

**Date**

I, Jonathan Mitchell

**Print Name of Registered Agent**

consent to serve as the registered agent on behalf of the limited liability company.

By: 

Jonathan Mitchell  
**Printed Name**

9/2/22  
**Date**

**Signature of Registered Agent**