

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/25/2023 1:35 PM Fee Receipt: \$40.00

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

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Pursuant to KRS 14A and KRS 275, the un	ndersigned applies to qualify and for that pu	irpose submits the	e following statements:
Article I: The name of the limited liability co	ompany is:		
Article II: The street address of the limited 909 FIDDLER CREEK WAY	liability company's initial registered office in LEXINGTON	n Kentucky is: KY	40515
Street Address Only (No Post Office Box Numbers		State	Zip Code
and the name of the initial registered agent	at that office is FARID REZAEI		
Article III: The mailing address of the limite P.O. BOX 21961	ed liability company's initial principal office i LEXINGTON	s: KY	40522
Street Address or Post Office Box Number	City	State	Zip Code
Article V: This application will be effective of the last of the l	upon filing. owned as defined by KRS 14A.2-070(45) fo	or the purposes of	f 14A.2-165 (see filing
I/We declare under penalty of perjury under	r the laws of the state of Kentucky that the	foregoing is true a	and correct.
Lem	FARID REZAEI, MANA	GER	05/25/2023
Signature of O ganizer	Printed Name & Title		Date '
Jerdey/	HEIDI REZAEI, MANA	GER	05/25/2023 Date 5-25-23
Signature of Organizer	Printed Name & Title		Date
FARID REZAEI Print Name of Registered Agent	, consent to serve as the registered a	agent on behalf of the	imited liability company.
	FARID REZAEI	051	25/2823
Signature of Registered Agent	Printed Name	Date	