

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/13/2023 2:46 PM Fee Receipt: \$40.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Articles of Organization Nonprofit Limited Liability Company

NLC

| www.sos.ky.gov | | | |
|--|--|-----------------------|-----------------------------------|
| Pursuant to KRS 14A and KRS 275, tl | undersigned applies to qualify and for that purpos | se submits the follo | owing statements: |
| Article I: The name of the non-profit li | ed liability company is: | | |
| West Buechel Multipurpose Center, | С | | |
| Article II: The street address of the no | profit limited liability company's initial registered c | office in Kentucky is | s: |
| 3716 St. Francis Avenue | | le KY | 40218 |
| Street Address Only (No Post Office Bo | umbers) City | State | Zip Code |
| and the name of the initial registered a | ent at that office is Linda Cook | | |
| Article III: The mailing address of the | n-profit limited liability company's initial principal | office is: | |
| 3716 St. Francis Avenue | | le KY | 40218 |
| Street Address or Post Office Box Number | | State | Zip Code |
| Article IV: The non-profit limited liabili | company is to be managed by (must check one): | | |
| A. a mana | r(s). | | |
| ✓ B. its mem | er(s). | | |
| Article V: The purpose of the non-pro | imited liability company is: | | |
| to solicit and administer charitable d | ations for the betterment of the Multipurpose Ce | enter used by the | citizens of West Buechel. |
| Article VI: This application will be effect | e upon filing. | | |
| Please indicate if the following make u | nore than fifty percent (50%) of your business owner | ship: | |
| I/We declare under penalty of perjury | der the laws of the state of Kentucky that the fore st Buechel Linda Cook | going is true and c | correct. |
| · | | | 10/10/2020 |
| Signature of Organizer | Printed Name | | Date |
| Signature of Organizer | Printed Name | | Date |
| Signature of Organizer | Printed Name | | Date |
| I, Linda Cook | , consent to serve as the registere | ed agent on behalf | of the limited liability company. |
| Print Name of Registered Agent /s/ Linda Cook | Linda Cook | | 10/13/2023 |
| Signature of Registered Agent | Printed Name | | Date |