



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

**1201594.06**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
4/8/2022 10:56 AM  
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**

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:

CRESTVIEW HILLS EWC LLC

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

828 Lane Allen Road Suite 219

Lexington

KY

40504

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is Incorporating Services, Ltd.

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

1 Betty Ann Dr

Edison

NJ

08820

Street Address or Post Office Box Number

City

State

Zip Code

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: Kenton County

*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:

☐ Agriculture

☐ Mining

☐ Services

☐ Construction

☐ Wholesale Trade

☒ Retail Trade

☐ Manufacturing

☐ Finance, Insurance, Real Estate

☐ Public Administration

☐ Transportation, Communications, Electric, Gas, Sanitary Services

☐ Other

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

Ling Lau, Authorized Agent/Organizer

4/7/2022

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

I, Incorporating Services, Ltd.

Print Name of Registered Agent

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

By:

Signature of Registered Agent

Assistant Secretary

Devon Wheelock, Asst Secretary

Printed Name

04.08.2022

Date