

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/11/2020 7:38 AM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718

Articles of Organization

KLC

Signature of Organizer Signature of Organizer I, Robert Klee Print Name of Registered Agent Signature of Registered Agent		Printed Name & Title Printed Name & Title consent to serve as the registe Robert Klee Printed Name	ered agent on behalf of the li	Date Date mited liability company.
Signature of Organizer I, Robert Klee		Printed Name & Title	ered agent on behalf of the li	Date
Signature of Organizer		Printed Name & Title	ared goont on half-life still.	Date
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Data
METER		Robert Klee		
Micha.		The second secon		
I/We declare under penalty of perj	ury under the laws	of the state of Kentucky that	the foregoing is true a	nd correct.
Other	ortation, communicati	ons, ciectric, das, sanitary services		
Wholesale Trade Retail T		ufacturing	urance, Real Estate	
Agriculture Mining	Servi	ces Construction		
Please indicate which of the following	best describes your bu	ısiness:	CONTRACTOR OF THE CONTRACTOR O	
Small (Fewer than 50 employees) Large (50 or more employees)	Ŭ Women C	Owned Veteran Owned	Minority Owned	
Please indicate the size of your busines	ss: <u>Pl</u> ease indica	ate whethe <u>r a</u> ny of the following a		nership:
	To complete the	following, please shade the box co	ompletelv.	
Please indicate the county in which yo County: Mason	ur business operates:			
				•
Article V: This application will be or the delayed effective date cann	effective upon filing not be prior to the d	g, unless a delayed effective of ate the application is filed. T	date and/or time is pro he effective date is	vided. The effective date
B. its me	` '			
A. a mar	,			
Article IV: The limited liability com		aged by (must check one):		
		City	State	Zip Code
1037 East Second Street Street Address or Post Office Box Num	hor	Maysville	KY 84-4	41056
Article III: The mailing address of	the limited liability		fice is:	
and the name of the initial register	_			
Street Address Only (No Post Office Bo	,	City	State	Zip Code
1037 East Second Street		Maysville	KY	41056
Article II: The street address of the	ne limited liability co	ompany's initial registered off	ice in Kentucky is:	
Klee Trading, LLC				
Article I: The name of the limited	liability company is	3:		
Pursuant to KRS 14A and KRS 23	75, the undersigne	d applies to qualify and for th	at purpose submits the	e following statements:
(502) 564-3490 www.sos.ky.gov				