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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 11/18/2013 8:11 AM

Fee Receipt: \$40.00



## **COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organ Limited Liability (			KLC
Pursuant to KRS 14A and KRS 2	L 275, the undersigned ap	plies to qualify and for that purpo	se submits the fo	llowing statements:
Article I: The name of the limited	d liability company is			
Bluegrass Champio	ns, LLC			
Article III. The atract address of	the limited liability come	any's initial registered office in Ka	ontucky is	*
Article II: The street address of the limited liability company 308 Woodsbend Road		Elizabethtown		42701
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist		is Joshua Paul Mabe	erry	
Article III: The mailing address of the limited liability company's initial principal office is  308 Woodsbend Road Elizabethtown Kentucky 42701				
Street Address or Post Office Box Nu	Elizabethtown	Kentucky	Zip Code	
Article IV: The limited liability contains A. a manager(s).  B. its member(s).  Article V: This application will be		d by (must check one):  nless a delayed effective date an	d/or time is provic	led. The effective
date or the delayed effective dat	te cannot be prior to the	date the application is filed. The	date and/or time	is
date of the delayed encouve date	to carmot be prior to the	date the application to med. The		(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of t	he state of Kentucky that the for	egoing is true and	I correct.
MilconelCMak	serry	Nikcoal C Maberry,	Owner	11/17/2013
		Printed Name & Title	Ownor	Date
Signature of Organizer		Joshua Paul Maberry Printed Name & Title	, Owner	11/17/2013 Date
Joshua Paul Mabe	erry	, consent to serve as the registered ager  Joshua Paul Maber		
Signature of Registered Agent		Printed Name	Date	
(01/12)				