

0919102.06

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/9/2015 11:08 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings

PO Box 718

Articles of Organization Limited Liability Company **KLC**

Signature of Registered Agent	Printed Name	Date	
Print Name of Registered Agent	, consent to serve as the registered a		ed liability company. タイち
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Circly EllSworth Printed Name & Title	1-UWICK	Date
	1 - 1 - 1		11-9-15
I/We declare under penalty of perjury under the laws of	of the state of Kentucky that the	foregoing is true and	correct.
			date and/or time)
date or the delayed effective date cannot be prior to the	e date the application is filed. T	he date and/or time	(Delayed effective
Article V: This application will be effective upon filing,			
			ad. The offestive
B. its member(s).			
A. a manager(s).			
Article IV: The limited liability company is to be managed	ged by (must check one):		
Street Address or Post Office Box Number	City	State /	Zip Code
1414 old Ping Rd.	Somerset	Ky	42503 7in Code
Article III: The mailing address of the limited liability of	ompany's initial principal office is	S	
and the name of the initial registered agent at that office	ce is <u>Cindy</u> E1150	UORTH	•
	Nº 1 611	us all	
Street Address Only (No Post Office Box Numbers)	Somerset	State	$\frac{92505}{\text{Zin Code}}$
Article II: The street address of the limited liability com		Kentucky is	11-4 3
Cash Knob tarm, LLC			
Article I: The name of the limited liability company is			
		•	
Pursuant to KRS 14A and KRS 275, the undersigned a	applies to qualify and for that pu	rpose submits the fo	lowing statements:
(502) 564-3490 www.sos.ky.gov			
Frankfort, KY 40602			