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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718	Articles of Organization Limited Liability Company			KLC
Frankfort, KY 40602 (502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to	qualify and for that purp	oose submits the	following statements
Article I: The name of the limited	d liability company is			
DREAM LLC	inability company to			
				All the same of th
Article II: The street address of the limited liability company's initial registered office in Kentucky is				
1053 EIGELBACH AVE		LOUISVILLE	KY	40217
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist	ered agent at that office is <u>JC</u>	HN W. DANIEL		
Article III: The mailing address of	of the limited liability company's	s initial principal office is		
1053 EIGELBACH AVE		LOUISVILLE	KY	40217
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co	mpany is to be managed by (n	nust check one):		
	, , , , , , , , , , , , , , , , , , , ,	,		
A. a manager(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 date and/or time is

(Delayed effective date and/or time)

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

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

Print Name of Registered Agent

Gold Dawl

Signature of Registered Agent

Tohn W. Daniel

Printed Name

Date

(04/11)

B. its member(s).