

## **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 Organizate Limited Liability Con			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies	s to qualify and for that	purpose submits the	he following statements
Article I: The name of the limited	d liability company is			
Monkey Tree Techno	logies, LLC			
Article II: The street address of	the limited liability company'	s initial registered offic	e in Kentucky is	
447 Arkle Road		Gray	KY	40734
Street Address Only (No Post Office E	7 NEW 2017 CONTRACTOR OF THE PARTY NAMED IN THE PAR	City	State	Zip Code
and the name of the initial registe	ered agent at that office is $\underline{f V}$	Villiam H Helto	n, III	
Article III: The mailing address of	of the limited liability compan	nv's initial principal offic	ce is	
PO Box 343	,	Gray	KY	40734
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co  A. a manager(s).  B. its member(s).	mpany is to be managed by	(must check one):		
Article V: This application will be	e effective upon filing, unless	s a delayed effective da	ate and/or time is p	rovided. The effective
date or the delayed effective date	e cannot be prior to the date	the application is filed	The date and/or	time is 26Dec13
				(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of the s	tate of Kentucky that the	ne foregoing is true	and correct.
Welliam H. Her	to B W	/illiam H Helton	, III (Owner)	26Dec13
Signature of Organizer	Prin	ited Name & Title		Date
Signature of Organizer	Prin	ted Name & Title		Date
William H Helton, III	, cons	sent to serve as the registere	ed agent on behalf of the	e limited liability company.
Tellian II. Her	Stores W	illiam H Helton	, III 26I	Dec13
Signature of Registered Agent	Prin	ted Name	Date	