

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Corporations **Business Filings** PO Box 718

Articles of Incorporation Profit Corporation

PAI

ignature of Registered Agent		Lori Mattingly Printed Name Title		Title		2-19-2011 Date	
Print Name of Registered	Agent			consent to serve as the regi	stered agent on	behalf of the corporation.	
Lori Mattingly		i iiiiteu itallie		IIII	Đ	alt	
Signature of Incorporator			Owner	···	2-19-2011 Date		
I/We declare under pena	alty of perjury under t						
or the delayed enective	uate camilot be phor	to the date the a	pplication is	filed. The date and/or		layed effective date and/or time)	
Article VI: This application or the delayed effective	on will be effective up date cannot be prior	on filing, unless	a delayed e	ffective date and/or tin	ne is provide	d. The effective date	
Name	Street Address or Post	Office Box Number	· · ·	City	State	Zip Code	
Name	Street Address or Post	Office Box Number		City	State	Zip Code	
Name	Street Address or Post	Office Box Number		City	State	Zip Code	
Jacklyn L Mattingly 234 East Main Street #300				Louisville	KY	40202	
Article V: The name an	d mailing address of	the incorporator	is as follows	•			
Street Address or Post Offic	e Box Number	· · · · · · · · · · · · · · · · · · ·		City	State	Zip Code	
234 East Main Street #300				Louisville	KY	40202	
Article IV: The mailing a							
and the name of the init	ial registered agent a	t that office is L	ori Mattin	gly		-	
Street Address (No Post Off	ice Box Numbers)	——————————————————————————————————————		City	State	Zip Code	
Article III: The street ad 234 E Main St	ldress of the corporat	tion's initial regist	ered office	n Kentucky is Louisville	ΚY	40202	
Article II: The number of					· · · · · · · · · · · · · · · · · · ·		
Article I: The name of the							
Pursuant to KRS 14A a					ubmits the to	ollowing statements:	
Durantta KDC 144 a							
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov							