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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 6/5/2012 8:18 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			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned a	oplies to qualify and for that p	ourpose submits the	e following statements
Article I: The name of the limited	d liability company is			
Colopy Management				
Article II: The street address of		pany's initial registered office		
10511 Jimson Pool St	t.	Prospect	KY	40059
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that office	_{e is} John R. Colopy		
Article III: The mailing address	of the limited liability co.	mnany's initial principal office	, in	
Article III: The mailing address of 10511 Jimson Pool St			KY	40059
Street Address or Post Office Box Number		Prospect city	State	Zip Code
Article IV: The limited liability co	ompany is to be manage	ed by (must check one):		
Article V: This application will be	e effective upon filing, u	nless a delayed effective dat	e and/or time is pro	ovided. The effective
date or the delayed effective dat	e cannot be prior to the	date the application is filed.	The date and/or ti	me is
I/We declare under penalty of pe	erjury under the laws of	the state of Kentucky that the	e foregoing is true	and correct.
M. R G1	50 B	John R. Colopy, F	resident	06/04/12
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer	3	Printed Name & Title		Date
John R. Colopy		_, consent to serve as the registered	i agent on behalf of the	limited liability company.
Print Name of Registered Agent	Colaran -	John R. Colopy	06/0	04/12
Signature of Pagistered Agent	C V	Printed Name	Date	

(01/12)