

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organiz Limited Liability C			KLC
Pursuant to KRS 14A and KRS	275, the undersigned app	lies to qualify and for that purp	ose submits the fo	ollowing statements
Article I: The name of the limite	d liability company is			
Article II: The street address of	the limited liability compar	ny's initial registered office in k	(entucky is	
1111 Ridge Rd		Shepherdsville	KY	40165
Street Address Only (No Post Office I	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that office is	Bryan Goff		
Article III: The mailing address of 1111 Ridge Rd	or the limited liability comp		<b>K</b> V	4016E
Street Address or Post Office Box Nu		Shepherdsville	State	40165 Zip Code
A. a manager(s).  B. its member(s).  Article V: This application will be date or the delayed effective date.	e cannot be prior to the da	ate the application is filed. The	e date and/or time	is 01/01/2013 (Delayed effective date and/or time)
2 . 1 9//		Bryan Goff Owner	ogog to a do dire	02/18/13
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer	F	Printed Name & Title		Date
Bryan Goff Print Name of Registered Agent	, c	onsent to serve as the registered age	nt on behalf of the limi	ted liability company.
Bryan H. Al		Bryan Goff	02/18/	13
Signature of Registered Agent	F	Printed Name	Date	