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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/12/2013 8:39 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 Organization Limited Liability Comp			KLC
Pursuant to KRS 14A and KRS	275, the undersigned applies to	o qualify and for that p	ourpose submits th	e following statements
Article I: The name of the limite	d liability company is			
JL Moore Limited Lia	bility Company			
Article II: The street address of	the limited liability company's i	nitial registered office	in Kentucky is	
5806 Grandel Blvd		Louisville	KY	40258
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regis	tered agent at that office is Ja	son L Moore		
Article III: The mailing address	of the limited liability company'	s initial principal office		
5806 Grandel Blvd	Louisville	KY	40258	
Street Address or Post Office Box No	ımber	City	State	Zip Code
Article IV: The limited liability of A. a manager(s). B. its member(s).	ompany is to be managed by (r	nust check one):		
Article V: This application will b	e effective upon filing, unless a	delayed effective dat	e and/or time is pr	ovided. The effective
date or the delayed effective da	te cannot be prior to the date th	ne application is filed	The date and/or ti	ime is 12/01/2013
date of the delayed effective da	to commerce prior to the date to	io application to mou.	THO GOLD GITTER	(Delayed effective
				date and/or time)
I/We declare under penalty of	perjury under the laws of the	state of Kentucky th	at the foregoing i	s true and correct.
Jas Jas		on L Moore, Member		11/11/2013
THUSELLY POWE		d Name & Title		Date
•				
Signature of Organizer Printe		d Name & Title		Date
Jason L Moore	, conser	nt to serve as the registered	agent on behalf of the	limited liability company.
Print Name of Registered Agent	And the state of t	on L Moore		11/2013
Signature of Registered Agent	Printe	d Name	Date	