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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/6/2013 12:00 AM Fee Receipt: \$90.00

| www.sos.ky.gov   |  |   |                    |  |
|--|--|---|--------------------|--|
| Pursuant to the provisions of KRS 1 on behalf of the entity named below              | 4A and KRS 271B, 273, 274,275, 362 and and, for that purpose, submits the followin | 386 the undersigned he g statements:                    | reby applies for a | authority to transact business in Kentucky   |
| busine limited   | ess trust (KRS 386). fimited lial<br>I partnership (KRS 362).                      | corporation (KRS 273).<br>oility company (KRS 275)      |                    | ional service corporation (KRS 274).<br>ional limited liability company (KRS 275). |
| 2. The name of the entity is Hwy 2   | 27 Somerset KY, LLC e must be identical to the name on record will                 | h the Secretary of State.)                              | CHARLES THE STREET | <u> </u>   |
| 3. The name of the entity to be used   | l in Kentucky is (if applicable):  |   |                    |  |
|  | (Only provide  | o if "real name" is unavaila                            | ble for use; other | wise, leave blank.)  |
| 4. The state or country under whose  | law the entity is organized is Delaware  | 9   |                    |  |
| 5. The date of organization is Octo  |  | and the period of duration                              | n ls               |  |
| 6. The mailing address of the entity's principal office is                           |  |   | (I                 | fleft blank, the period of duration is considered perpetual.)                      |
| 901 Wabash Avenue, Sui   | ite 300  | Terre Haute   | IN                 | 47807  |
| Street Address   |  | City  | State              | Zip Code   |
| 7. The street address of the entity's i  | registered office in Kentucky is   |   |                    |  |
| 421 West Main Street   |  | Frankfort   | KY                 | 40601  |
| Street Address (No P.O. Box Numbers)   |  | City  | State              | Zip Code   |
|  | at that office is Corporation Service es of the entity's representatives (secretar |   | 1000               |  |
| Paul M. Thrift   | 901 Wabash Avenue, Suite 300   |   | IN                 | 47807  |
| Name   | Street or P.O. Box   | City  | State              | Zip Code   |
| Name   | Street or P.O. Box   | City  | State              | Zip Code   |
| Name   | Street or P.O. Box   | City  | State              | Zíp Code   |
| and treasurer are licensed in one or m<br>statement of purposes of the corporat      |  | s or District of Columbia                               | to render a profe  | essional service described in the  |
|  | this application, the above-named entity   |   |                    | ction of its formation.  |
| 11. If a limited partnership, it elects  | to be a limited liability limited partnershi                                       | <ul> <li>Check the box if app</li> </ul>                | olicable:          |  |
| 12. This application will be effective up<br>The effective date of the delayed effec | on filing, unless a delayed effective date a                                       | and/or time is provided.<br>oplication is filed. The da | ite and/or time is |  |
| 2 11/1/6   | ·  |   |                    | (Delayed effective date and/or time)   |
| 1 11/1/  | Paul   | M. Thrift, Manage                                       | r                  | 10/24/13   |
| Signature of Authorized Representative   |  | Printed Name & Title                                    |                    | Date   |
| Corporation Service Company d/b/a CSC-   | Lawyers Incorporating Service Company  |   |                    |  |
| Type/Print Name of Registered Agent  | , conse  | ent to serve as the registe                             | ered agent on be   | half of the business entity.   |
| Trement to   | Lamont W. Jo   |   | sistant V.P.       | 10/25/1=   |
| Signature of Registered Agent  | Printed Name   | Titl  | 0                  | Date   |