

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	1	Organization ability Company		KLC
	 275, the undersig	gned applies to qualify and for that	purpose submits t	he following statements
Article I: The name of the limite	d liability compar	nv is		
Bert Thin Films	,	•		
Article III. The atreat address of	the limited lightlit	y company's initial registered office	in Kentucky is	
2306 Alta Ave	Louisville	KY	40205	
Street Address Only (No Post Office	Box Numbers)	City	State	Zip Code
and the name of the initial regist	tered agent at the	ot office is Venda Walter		
_	ility company's initial principal office		40005	
2306 Alta Ave	Louisville	KY	40205	
Street Address or Post Office Box Nu	City	State	Zip Code	
Article IV: The limited liability of A. a manager(s). B. its member(s).	ompany is to be n	managed by (must check one):		
Article V: This application will b	e effective upon f	filing, unless a delayed effective da	te and/or time is p	rovided. The effective
1	On	r to the date the application is filed.		(Delayed effective date and/or time)
I/We declare under penalty of p	fjuly under the l	aws of the state of Kentucky that th		
henta Na	\mathcal{W}	Venda Walter, Chief I	executive Office	
Signature of Organizer	7	Printed Name & Title		Date
Signature of Organizer Venda Walter		Printed Name & Title		Date
Print Name of Registered Agent	1	, consent to serve as the registered		
long Intal		Venda Walter		12/14
Signature of Registered Agent		Printed Name	Date	•

(01/12)