

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 Compa			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to	qualify and for that	purpose submits the	following statements:
Article I: The name of the limited WhiteSpa Interiors, LLC	l liability company is			
Article II: The street address of 2370 Preservation Way	the limited liability company's ini	tial registered offic Florence	e in Kentucky is KY	41042
Street Address Only (No Post Office E	-	City	State	Zip Code
and the name of the initial registe	Jess ered agent at that office is	sica L. Arnold		
Article III: The mailing address of	of the limited liability company's	initial principal offic	e is	
2370 Preservation Way		Florence	KY	41042
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s). Article V: This application will be	effective upon filing, unless a c	delayed effective da		
date or the delayed effective dat	e cannot be prior to the date the	application is filed	. The date and/or tim	e is (Delayed effective date and/or time)
I/We declare under penalty of pe		of Kentucky that the ca L. Arnold, Me		nd correct. 04.03.14
Mic		d Name & Title hael F. Arnold, Member		Date 04.03.14
		Name & Title		Date
Jessica L. Arnold	, consent	to serve as the registere	ed agent on behalf of the lir	nited liability company.
Print Name of Begistered Agent		ca L. Arnold 04.03.		
Signature of Registered Agent	Printed	Name	Date	