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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/27/2017 3:31 PM 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 Com	pany		KLC
Pursuant to KRS 14A and KRS 2		to qualify and for that purpo	ose submits the fo	blowing statements.
Article I: The name of the limited AMBA ZAVER LC	d liability company is			
Article II: The street address of 312 MORGANTOWN	ROAD	BOWLING GREEN	State	42101 Zip Code
Street Address Only (No Post Office Box Numbers) City State Zip Code and the name of the initial registered agent at that office is MANOJKUMAR PATEL				
Article III: The mailing address of the limited liability company's initial principal office is				
Article III: The mailing address 312 MORGANTOWN		BOWLING GREEN	I KY	42101
Street Address or Post Office Box N		City	State	Zip Code
Article IV: The limited liability of A. a manager(s). B. its member(s). Article V: This application will b	pe effective upon filing, unless	s a delayed effective date a		
date or the delayed effective da	ite cannot be prior to the date	e the application is filed.		(Delayed effective date and/or time)
I/We declare under penalty of p	N	state of Kentucky that the for IANOJKUMAR PA Inted Name & Title	pregoing is true ar TEL	nd correct. 01/27/2016 Date
Signature of Organizer				
Signature of Organizer	Pri	nted Name & Title		Date
MANOJKUMAR PATEL , consent to serve as the registered agent on behalf of the			ent on behalf of the lir	nited liability company.
Print Name of Registered Agent	N	IANOJKUMAR PA	TEL 01/2	7/2016
Signature of Registered Agent	Pri	inted Name	Date	
(01/12)				