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LAOO**Elaine N. Walker, Secretary of State**

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**COMMONWEALTH OF KENTUCKY**  
**ELAINE N. WALKER, SECRETARY OF STATE****Division of Business Filings**  
**Business Filings**  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.govArticles of Organization  
Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

**Patrice's Specialty, LLC**

Article II: The street address of the limited liability company's initial registered office in Kentucky is

**158 E. Wellington Ave****Louisville****KY****40214**

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **Stephanie Patrice Deany**

Article III: The mailing address of the limited liability company's initial principal office is

**158 E. Wellington Ave****Louisville****KY****40214**

Street Address or Post Office Box Number

City

State

Zip Code

Article IV: The limited liability company is to be managed by (must check one):



A. a manager(s).



B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is **8/19/11**(Delayed effective  
date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

*Stephanie Patrice Deany*  
Signature of Organizer**Stephanie Patrice Deany, Owner** **8/19/11**  
Printed Name & Title Date

Signature of Organizer

Printed Name &amp; Title

Date

**I, Stephanie Patrice Deany**

Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the limited liability company.

*Stephanie Patrice Deany*  
Signature of Registered Agent**Stephanie Patrice Deany** **8/19/11**  
Printed Name Date

(04/11)