

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

AL	ISON 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 Organ Limited Liability	Company		KLC
Pursuant to KRS 14A and KRS	275, the undersigned ap	oplies to qualify and for that purp	oose submits the	e following statement
Article I: The name of the limite		I, LLC.		
Article II: The street address of	the limited liability comp	pany's initial registered office in	Kentucky is	
2092 U.S. HWY 62 E	EAST	Beaver Dam	KY	42320
Street Address Only (No Post Office and the name of the initial regis		Jacob Cary Phelps	State	Zip Code
Article III: The mailing address	of the limited liability cor			
P.O. BOX 812		Beaver Dam	KY	42320
Street Address or Post Office Box No	umber	City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be			nd/or time is pro	ovided. The effective
date or the delayed effective da	te cannot be prior to the	date the application is filed. Th	e date and/or ti	me is
I/We declare under penalty of pe	erjury under the laws of t	the state of Kentucky that the fo	regoing is true	and correct
Blex Kaytallon - Organized		Alex Ray Patton-Or	ganizer	05-08-13
Signature of Organizer	<u> </u>	Printed Name & Title		Date
Signature of Organizer		Printed Name & Title	ne & Title	
Jacob Cary Phelps	1	, consent to serve as the registered age	ent on behalf of the	imited liability company.
Print Name of Registered Agent	Is-Reents	Jacob Cary Phelps		5-08-13
gnature of Registered Agent	Paret	Printed Name	Date	

(01/12)