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LAOOAlison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
4/5/2012 8:07 AM
Fee Receipt: \$40.00**COMMONWEALTH OF KENTUCKY**
ALISON LUNDERGAN GRIMES, SECRETARY OF STATEDivision 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
624 North Dixie LLC

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

209 Glenmary Street **Elizabethtown** **KY** **42701**
Street Address Only (No Post Office Box Numbers) City State Zip Codeand the name of the initial registered agent at that office is **Cindy Bomar**

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

209 Glenmary Street **Elizabethtown** **KY** **42701**
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 _____

(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.

Signature of Organizer

Sarah Moore

Printed Name & Title

04/04/2012

Date

Signature of Organizer

Printed Name & Title

Date

I, **Cindy Bomar**

Print Name of Registered Agent

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

Signature of Registered Agent

Cindy Bomar

Printed Name

04/04/2012

Date

(01/12)