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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 7/17/2014 7:44 AM

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

Articles of Organization Limited Liability Company

**KLC** 

(502) 564-3490 www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the undersigned ap	oplies to qualify and for that purp	ose submits the f	ollowing statements:
Article I: The name of the limited liability company is DITR LLC			
Article II: The street address of the limited liability comp	- ·		
2316 Tyler Ln	Louisville	KY	40205
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office	Brian Bruenderman is		
Article III: The mailing address of the limited liability con	npany's initial principal office is		
2316 Tyler Ln	Louisville	KY	40205
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be manage A. a manager(s).  B. its member(s).  Article V: This application will be effective upon filing, upon fi		nd/or time is provi	ded. 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.			
BIS	Brian Bruenderman, Mar	ager	7/16/14
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
Brian Bruenderman			
Print Name of Registered Agent	consent to serve as the registered agent on behalf of the limited liability company.		
P	Brian Bruenderman	7/16/1	4
Signature of Registered Agent	Printed Name	Date	