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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 3/31/2015 8:29 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 (502) 564-3490 www.sos.ky.gov	Articles of Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	ı 275, the undersigned a	pplies to qualify and for that	purpose submits the	following statements:
Article I: The name of the limited WhiteSpa Interiors, LLC	d liability company is			
Article II: The street address of the limited liability compared 2370 Preservation Way		pany's initial registered offic Florence	e in Kentucky is KY	41042
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	Jessica L. Arnold e is		
Article III: The mailing address of 2370 Preservation Way	of the limited liability co	mpany's initial principal offic Florence	ce is KY	41042
Street Address or Post Office Box Nu	mber	City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be	e effective upon filing, t	unless a delayed effective d	ate and/or time is pro	vided. The effective
date or the delayed effective date	e cannot be prior to the	e date the application is filed	l. The date and/or tim	(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of	f the state of Kentucky that t Jessica L. Arnold, Mo		nd correct. 04.03.14
Signature of Organizer		Printed Name & Title Michael F. Arnold, M	rinted Name & Title Michael F. Arnold, Member	
		Printed Name & Title		Date
Jessica L. Arnold		, consent to serve as the register	ed agent on behalf of the li	mited liability company.
Print Name of Registered Agent	nt Name of Registered Agent		sica L. Arnold 04.03	
Signature of Registered Agent		Printed Name	Date	