

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 Organization Limited Liability Company		KLC
Pursuant to KRS 14A and KRS 275	5, the undersigned applies to qualify and for that pur	pose submits the	following statements
Article I: The name of the limited lia	ability company is		
KOP Enterprises, LLC			
	e limited liability company's initial registered office in		
649 Meyers Baker Ro		KY	40741
Street Address Only (No Post Office Box		State	Zip Code
and the name of the initial registere	ed agent at that office is Nathan Neil Warr	en	
Article III: The mailing address of the	he limited liability company's initial principal office is		
	그램 그리고 그리고 그리고 가게 되는 것이 되는 이 그리고 있다면 하는 것이 되는 것이 되었다.	KY	40741
649 Meyers Baker Ro			Zip Code
Street Address or Post Office Box Number	er City	State	ZIP Code
Article IV: The limited liability comp A. a manager(s). B. its member(s).	pany is to be managed by (must check one):		
Article V: This application will be ef	ffective upon filing, unless a delayed effective date a	and/or time is prov	vided. The effective
			2/2/2012
date of the delayed effective date c	cannot be prior to the date the application is filed. The	ne date and/or tim	(Delayed effective
			date and/or time)
I/We declare under penalty of perju-	iry under the laws of the state of Kentucky that the fo	oregoing is true ar	nd correct.
MM-1h/m	Nathan Neil Warre		
Signature of Organizer	Printed Name & Title	(Date
full	Lane Rowland Youn	g (Member)	2/2/2013
Signature of Organizer	Printed Name & Title		Date
Nathan Neil Warren	, consent to serve as the registered ag	ent on behalf of the lin	nited liability company.
Print Name of Registered Agent	Nathan Neil Warre	en 2/2/2	2013
Signature of Registered Agent	Printed Name	Date	