

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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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	275, the undersigned a	applies to qualify and for that p	ourpose submits the f	ollowing statements
Article I: The name of the limited	d liability company is			
Abber-Hoff Enterprise				
Article II: The street address of	the limited liability com		in Kentucky is	
97 Pine Creek Drive		Paducah	Kentucky	42001
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist	ered agent at that offic	<sub>e is</sub> Thomas Gerard I	Neihoff	·
Article III: The mailing address of	of the limited liability co	mpany's initial principal office	. io	
97 Pine Creek Drive	or the inflited liability Co			42004
Street Address or Post Office Box Number		Paducah	Kentucky State	42001 Zip Code
Article IV: The limited liability co  A. a manager(s).  B. its member(s).	mpany is to be manag	ed by (must check one):		
Article V: This application will be	e effective upon filing, u	unless a delayed effective dat	e and/or time is provi	ided. The effective
date or the delayed effective date	e cannot be prior to the	a date the application is filed	The date and/or time	09/22/2014
date of the delayed effective date	o carmot bo prior to the	date the application is filed.	The date and/or time	(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of	the state of Kentucky that the	e foregoing is true an	d correct.
Suranne L. ats	luter	Suzanne Lynn Ath		09/22/2014
Signature of Organizer		Printed Name & Title	. ,	Date
Minerno Neiholl		Minerva Neihoff		09/22/2014
Signature of Organizer	V -	Printed Name & Title		Date
Thomas Gerard Neih	off	_, consent to serve as the registered	agent on behalf of the lim	ited liability company.
Thomas II and	Wild	Thomas Gerard N	eihoff 09/22	2/2014
Signature of Registered Agent	The state of the s	Printed Name	Date	