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

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| **Division of Business Filings**<br>**Business Filings**<br>PO Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Articles of Organization<br>Limited Liability Company<br>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

HaHoRa, LLC.

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

| 939 Beaver Creek Road | Elkhorn City | KY | 41522. |
|---|---|---|---|
| **Street Address Only (No Post Office Box Numbers)** | **City** | **State** | **Zip Code** |

and the name of the initial registered agent at that office is Lisa Matney.

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

| P O Box 1302 | Elkhorn City | KY | 41522. |
|---|---|---|---|
| **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):

- [x] 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.

| Lisa Matney | Lisa Matney, Manager | 01/23/2013 |
|---|---|---|
| **Signature of Organizer** | **Printed Name & Title** | **Date** |
| | | |
| **Signature of Organizer** | **Printed Name & Title** | **Date** |

I, Lisa Matney, consent to serve as the registered agent on behalf of the limited liability company.
**Print Name of Registered Agent**

| Lisa Matney | Lisa Matney | 01/23/2013 |
|---|---|---|
| **Signature of Registered Agent** | **Printed Name** | **Date** |

(01/12)