



**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, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

**SHINE ON VINE LLC**

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

**320 HAMPTON CT**

**LEXINGTON**

**KY**

**40508**

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **MACON R BROWN**

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

**301 EAST VINE ST SUITE #160**

**LEXINGTON**

**KY**

**40508**

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):

☐

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 **2/21/14**

(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.

**MACON R BROWN**

**2/21/14**

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

I, \_\_\_\_\_, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

**MACON R BROWN**

**2/21/14**

Signature of Registered Agent

Printed Name

Date



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**Reservation or Renewal of Reserved Name**  
(Domestic or Foreign Entity)

**RES**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 or 386, the undersigned applies to reserve or renew a name and, for that purpose, submits the following statement:

1. The activity request is:

- ☒ Reservation  
☐ Renewal

2. The proposed name to be reserved or renewed with the Secretary of State for a period of 120 days is

3. The name is reserved as:

- ☐ A corporate name (KRS 271B, KRS 273 or KRS 274)  
☒ A limited liability company name (KRS 275)  
☐ A limited partnership name (KRS 362)  
☐ A limited liability partnership name (KRS 362)  
☐ A business trust name (KRS 386)

4. The name and mailing address of the applicant is:

**320 Hampton Ct.** **Lexington** **KY** **40508**  
Street Address or Post Office Box Numbers City State Zip

5. 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 2/21/14  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

  
Signature of Applicant

**Macon R Brown**  
Printed Name

**owner**  
Title

**2/21/14**  
Date