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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/12/2014 7:51 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 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

1205 E. Second Street, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is					
215 Stanley Reed Court	Maysville	KY	41056		
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code		
and the name of the initial registered agent at that office is M. Susan Brammer					
Article III: The mailing address of the limited liability company's initial principal office is					
11845 W. Olympic Boulevard, Suite 54	40 Los Angeles	CA	90064		
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 (Delayed effective date and/or time) I/We declare upder penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.					
	Paul G. Joseph, Manager 7/14/14				
Signature of Organizer	Printed Name & Title		Date		
Signature of Organizer I. M. Susan Brammer Print Name, of Registered Agent	Printed Name & Title	nt on behalf of the limi	Date ted liability company.		
M. Quesa Grammer	M. Susan Brammer 7/14		/14		
Signature of Registered Agent	Printed Name	Date			

(01/12)