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**Trey Grayson, Secretary of State** Received and Filed:

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## Kentucky Office of the Secretary of State TREY GRAYSON

Division of Corporations Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 Articles of Organization
Non-profit Limited Liability Company

**NLC** 

Frankfort, KY 40602 (502) 564-3490		
www.sos.ky.gov		
Pursuant to KRS Chapter 275, the un	ndersigned applies to qualify and for that purpose s	submits the following statements:
Article I: The name of the non-profit	limited liability company is	
Project S	EE Theatre, LLC	
Article II: The street address of the n	non-profit limited liability company's initial registered	d office in Kentucky is
177 N. Hand Street Address Only (No Post Office Box N	over St. Lexington, Kumbers) City State	40502 Zip Code
	agent at that office is <u>Sullivan</u> C	
Article III: The mailing address of the	e non-profit limited liability company's initial principa	al office is
177 N. Hano	ver St. Lexington, K	4 40502
Street Address or Post Office Box Number	City State	/ Zip Code
Article IV: The non-profit limited liabil	lity company is to be managed by (must check one	):
A. a manager(s).		
B. its member(s).		
Article V: The purpose of the non-pro	ofit limited liability company is:	
Cultural, Edu	cational	
I/We declare under penalty of perjury	under the laws of the state of Kentucky that the for	regoing is true and correct.
Saller CMTD	Sullivan Canaday W	nite 11.1 2010
Signature of Organizer	Printed Name	Date / /
Signature of Organizer	Eleanor martin Cla	urk 11/1/2010
Signature of Organizer	Printed Name	Date // /
Signature of Organizer	Printed Name	$\frac{1}{1} \frac{1}{1} \frac{1}{2018}$
Print Name of Registered Agent	ay White, consent to serve as the registered age	nt on behalf of the limited liability company.
Solly C. WITA	Sullivan C. White	11.1.2010
Signature of Registered Agent	Printed Name	Date