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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

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COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

AL	SON LUNDERGA	N GRIMES, SECRETAR	Y OF STATE	
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liabilit			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned	applies to qualify and for tha	t purpose submits th	ne following statements
Article I: The name of the limited	d liability company is			
McGarvey Labs, LLC				
Article II: The street address of t	the limited liability cor	mpany's initial registered office	oo in Kontuolovia	
2044 Arbor Springs Bl		Union	KY	41091
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registe	ered agent at that office	lonathan Coatt	McGarvey	
	•	oc is		
Article III: The mailing address of		. ,		
2044 Arbor Springs BI		Union	KY	41091
Street Address or Post Office Box Nur	nber	City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be			ato and/or time is pr	ravided. The effective
				2 27 42
date or the delayed effective date	ecannot be prior to the	ne date the application is filed	d. The date and/or ti	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws c	of the state of Kentucky that t	he foregoing is true	and correct.
Juth Sutt I		Jonathan Scott Mo	Garvey, Membe	er 2-27-12
Signature of Organizer P. M.		Printed Name & Title		Date
		Kelley Rashelle Mo	Garvey, Membe	
Signature of Organ(ker		Printed Name & Title		Date
Jonathan Scott McGa	arvey	, consent to serve as the register	ed agent on behalf of the	limited liability company.
Print Name of Registered Agent		Jonathan Scott M		
Signature of Registered Agent		Printed Name	Data	1 1 4