0844317.06

amcray LAOÓ

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/7/2012 2:25 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Rusiness Filings

(01/12)

KIC

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Co	ompany		
Pursuant to KRS 14A and KRS	275, the undersigned appli	es to qualify and for that po	urpose submits the	e following statements:
Article I: The name of the limite	d liability company is			
SML Development LL	.C			
Article II: The street address of	the limited liability compan	v's initial registered office i	n Kentucky is	
816 Franklin St		Louisville	KY	40206
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist	torod agent at that office is	Steven Michael L	und	
and the name of the initial regis	tered agent at that office is			
Article III: The mailing address	of the limited liability comp			40206
816 Franklin St		Louisville	KY	Zip Code
Street Address or Post Office Box No	umber	City	State	Zip Code
Article IV: The limited liability of A. a manager(s). B. its member(s).				
Article V: This application will b	e effective upon filing, unle	ess a delayed effective date	e and/or time is pro	ovided. The effective
date or the delayed effective da				date and/or time)
I/We declare under penalty of	perjury under the laws of the	e state of Kentucky that the	e foregoing is true	and correct.
SAN Si		Steven M Lund-O	wner	12-7-12
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer	i	Printed Name & Title		Date
Steven Michael Lun	d	consent to serve as the registered	agent on behalf of the	limited liability company.
Print Name of Registered Agent		Steven M Lund		7-12
Signature of Registered Agent		Printed Name	Date	