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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/30/2013 10:55 AM Fee Receipt: \$50.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Fili Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Aiticle	s of Incorporation Corporation			PAI
Pursuant to KRS 14A an	d KRS 271B, the und	dersigned applies to qualify	and for that purpose su	bmits the f	following statements:
Article I: The name of th	e corporation is Roe	ebling Performance F	Partners, Inc.		
		ion is authorized to issue is		·	
Article III: The street add	dress of the corporati	on's initial registered office	in Kentucky is		
4 West 4th Street,	Newport	KY	41071		
Street Address (No Post Off)	ce Box Numbers)		City	State	Zip Code
and the name of the initia	al registered agent at	that office is John E. L	ange IV		
Article IV: The mailing address of the corporation's principal office is 231 Scott Boulevard			Covington	KY	41011
Street Address or Post Office Box Number			City	State	Zip Code
Article V: The name and	l mailing address of t	he incornorator is as follow	ıs.		
Article V: The name and mailing address of the incorporator is as follows Sandra L. Lange 231 Scott Boulevard			Covington	KY	41011
	Street Address or Post (City	State	Zip Code
Name	Street Address or Post C	Office Box Number	City	State	Zip Code
Name	Street Address or Post (Office Box Number	City	State	Zip Code
		on filing, unless a delayed to the date the application is		time is	ed. The effective date Pelayed effective date and/or time)
I/We declare under pena	Ity of periury under th	ne laws of the state of Kent	ucky that the foregoing is	s true and	correct.
Acres of	Lame	Sandra L. Lange	President	12	128/12
Signature of Incorporator	o wing	Printed Name	Title		Date
, John E. Lange IV		`	4	taasat e 1 -	nu habalt at the engage
Print/Name of Registered A	gent	John E. Lange IV	, consent to serve as the regis	iereo agent o	12/2/, 2
Signature of Registered Ager		Printed Name	Title	· · · · · ·	Date