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Alison Lundergan Grimes
 Kentucky Secretary of State
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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

StoryShout Productions, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

624 Attingham Ct.

Lexington

KY

40517

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **Colby Adams**

Article III: The mailing address of the limited liability company's initial principal office is

624 Attingham Ct.

Lexington

KY

40517

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 under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Colby Adams
 Signature of Organizer

Colby Adams, President

Printed Name & Title

09/22/14

Date

Signature of Organizer

Printed Name & Title

Date

Colby Adams

I, **Colby Adams**, consent to serve as the registered agent on behalf of the limited liability company.

Colby Adams

Printed Name

09/22/14

Date

Colby Adams
 Signature of Registered Agent