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Elaine N. Walker, Secretary of State

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## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings	Articles of Organization		
Business Filings PO Box 718	Limited Liability Company		KLC
Frankfort, KY 40602	- Company		
(502) 564-3490			
www.sos.ky.gov			
Pursuant to KRS 14A and KRS 2	75 the	_	
The state of the called KING 2	75, the undersigned applies to qualify and	for that purpose submits	the following statements:
Article I: The name of the limited	liability company is		are renewing statements.
BlackBox Webser			
Article II: The street address of the	e limited liability company's initial registere		
146 NI Made -+	o inflied liability company's initial registere	ed office in Kentucky is	
Street Address Only No Post Office Bo	x Numbers) Sonora	VI	\$ ( \( \sigma \) \( \sigma \)
			77 16 Zin Codo
and the name of the initial register	ed agent at that office is <u>Samuel</u> G	PRIKAD RELAD	zip oode
Article III: The mailing address of	the limited Retain	iayar Bryari	
IHAN ME OLO CI	the limited liability company's initial princip	al office is	
146 N. Maple St Street Address of Post Office Box Number	Sonora	. V.1	
		State	
Article IV: The limited liability comp	pany is to be managed by (must check one	->	Zip Code
A. a manager(s).	And an analysis of the control of th	e):	
T / a manager(s).			
B. its member(s).			
Article V: This application will be			
Trie application will be ef	fective upon filing, unless a delayed effect	tive date and/or time is nr	wided The est of
date or the delayed effective date ca	annot be prior to the date the application is		vided. The effective
	is the date the application is	s filed. The date and/or tir	ne is <u>9/12/2011</u>
			(Delayed effective
I/We declare under penalty of perjur	y under the laws of the state of Kentucky t	that it is	date and/or time)
Mantos	C. / O	nat the foregoing is true a	nd correct.
Signature of Organizer	Samuel Gyou Printed Name & Title	4501 Bryan	9/12/2011
Of after			Date
Signature of organizer	Somuel Gray	on Bryen	9/17/2M11
Const by The Total	Timed Name & Title /		Date
Print Name of Registered Agent	200sept to copy on the		
Negistered Agent	, sonocin to serve as the reg	istered agent on behalf of the lin	nited liability company.
Signature of Registered Agent	Samuel Granks Printed Name		7/7011
A A A A A A A A A A A A A A A A A A A	Printed Name	Date	-1001

(04/11)