

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Incorporation		<u> </u>	 PAI
PO Box 718	Profit Corporation			
Frankfort, KY 40602 (502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	271B, the undersigned applies to qualify	and for that purpos	e submits the fo	ollowing statemen
Article I: The name of the corpor	ration is <u>Innovative</u>	Capital, I	inc.	
Article II: The number of shares	the corporation is authorized to issue is	1000		
Article III: The street address of	the corporation's initial registered office	in Kentucky is		 i
_ 7549 Dogwoo	d Lana		Ky State	4042
Street Address (No Post Office Box Ni	·	Ony	State	Zip Code
and the name of the initial registe	ered agent at that office is	Sakson		
	of the corporation's principal office is		-	
7549 Vog Low Street Address or Post Office Box Num	<u>Lane</u>	Florence city	/ State	4/042
street Address or Post Office/Box Num	nber	City	State	Zip Code
~ · · · · · · · · · · · · · · · · · · ·	address of the incorporator is as follows 47 Harmony Lane Bress or Post Office Box Number	Alexandria	101	41001
<u> </u>		Gity	State	Zip Code
Name Street Add	Iress or Post Office Box Number	City	State	Zip Code
lame Street Add	Iress or Post Office Box Number	City	State	71: 0: 1
		Oily .	State	Zip Code
article VI: This application will be	effective upon filing, unless a delayed e	ffective date and/or	time is provided	i The effective
n the delayed effective date cann	not be prior to the date the application is	filed. The date and	/or time is7	/9//3 /0:30 layed effective date
		,		and/or time)
We declare under penalty of per	jury under the laws of the state of Kentu	icky that the foregoin	ng is true and co	orrect.
The July	Daglas Lackey	Pantner	7	19/12
gnature of incorporator	Printed Name	Title	Dá	te
Print Name of Registered Agent		consent to serve as the r	egistered agent on	behalf of the corners
Print Name of Registered Agent			VII	
Ignature of Registered Agent	Higo Sakson	Partner		7/9/13
Samuel Agent	Print#d Name	Title	Da	te L