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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/12/2014 3:39 PM Fee Receipt: \$40.00



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 p	ourpose submits the following	lowing statements
Article I: The name of the limite	d liability company is			
GreenCity of Louisville				
Article II: The street address of	the limited liability con	npany's initial registered office	in Kentucky is	
306 W. Main Street, Suite 512		Frankfort	Kentucky	40601
Street Address Only (No Post Office E	3ox Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that offic	ce is CT Corporation S	System	
Article III: The mailing address				
8905 Whisperinghill D		Cincinnati	Ohio	45242
Street Address or Post Office Box Nu		City	State	Zip Code
A, a manager(s). B. its member(s). Article V: This application will be	e effective upon filing,	unless a delayed effective date	and/or time is provide	ed. The effective
date or the delayed effective dat	e cannot be prior to th	e date the application is filed.	The date and/or time is	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws o	f the state of Kentucky that the	foregoing is true and	correct.
U-B Corporation	n			
Signature of Organize	7	Printed Name & Title	D	ate
sy: 17/54/		Bradley Kap	lan, Asst.	3-12-14 ato
Signature of Organizer		Printed Name & I rue *	Secretary	ate
CT Corporation System	em	, consent to serve as the registered		d liability company.
Print Name of Registered Agent		Renee Cruz, Asst. S	Secretary 3-12	-14
Signature of Registered Agent	+	Printed Name	Date	<u> </u>
(01/12)	J			