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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/2/2014 7:43 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

	TOOK EONDEROAM	OKIMIEO, GEOKETAKT OF	OIAIL		
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organ Limited Liability C		ž	KLC	
Pursuant to KRS 14A and KRS	275, the undersigned app	plies to qualify and for that purp	pose submits the	following statements	
Article I: The name of the limited					
IM HOME IMPROVEN					
THE TOTAL THE TOTAL	VILITIO, LLO		The same of the sa		
Article II: The street address of	the limited liability compa	any's initial registered office in	Kentucky is		
122 VALLEYVIEW DR	₹	FISHERVILLE	KY	40023	
Street Address Only (No Post Office I		City	State	Zip Code	
and the name of the initial regist	tered agent at that office	JOSE MARADIAG	A		
				*	
Article III: The mailing address	of the limited liability com				
P O BOX 20267		LOUISVILLE	KY	40250	
Street Address or Post Office Box Nu	ımber	City	State	Zip Code	
Article IV: The limited liability co			9		
Article V: This application will be	e effective upon filing, un	iless a delayed effective date a	and/or time is pro		
date or the delayed effective date	te cannot be prior to the	date the application is filed. Th	ne date and/or tin	ne is07/01/2014	
				(Delayed effective date and/or time)	
IMA doclara under paneltu Ann	assimu umalan tha laura at t	ht-t			
I/We declare under penalty of pe	erjory under the laws of the				
Signature of Occasion		JOSE MARADIAGA	1	6/23/2014	
Signature of Organizer		Printed Name & Title		Date	
Signature of Organizer	8	Printed Name & Title	900 PM	Date	
JOSE MARADIAGA Print Name of Registered Agent		consent to serve as the registered ag	ent on behalf of the I	mited liability company.	
X f. HOX		JOSE MARADIAGA	6/23	/2014	
Signature of Registered Agent		Printed Name	Date		

(01/12)