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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

Received and Filed: 10/28/2014 9:39 AM 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 Compa			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned applies to	qualify and for that	purpose submits the follo	owing statements:
Article I: The name of the limited	liability company is			
TStatts Properties 1 LLC				****
Article II: The street address of the	he limited liability company's in	itial registered office	in Kentucky is	
4104 Woodmont Park Lane		Louisville	Kentucky	40245
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registered agent at that office isTimothy S. Statts				
Article III: The mailing address of the limited liability company's initial principal office is				
4104 Woodmont Park Lane		Louisville	Kentucky	40245
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability cor  A. a manager(s).  X  B. its member(s).				
Article V: This application will be	effective upon filing, unless a	delayed effective da	te and/or time is provide	d. 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 per	jury under the laws of the state	of Kentucky that th	e foregoing is true and c	correct.
250Ate	Time	othy S. Statts		0/27/2014
Signature of Organizer		Name & Title	Di	ate
Signature of Organizer	Printed	Name & Title	D	ate
Timothy S. Statts Print Name of Registered Agent	, consent	to serve as the registered	d agent on behalf of the limited	liability company.
Signature of Registered Agent	Tim-	othy S. Statts Name	10/27 Date	7/2014

(01/12)