

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 O Limited Liab	rganization ility Company		KLC
Pursuant to KRS 14A and KRS	275, the undersign	ed applies to qualify and for that	purpose submits th	ne following statements
Article I: The name of the limite	d liability company	is		
Rocky Bryan Shelter	• • •			
Autista tt. The atreat address of	Abo limito d limbility		a in Mantualuu ia	
71 Cavalier Blvd Ste	-	company's initial registered office Florence	e in Kentucky is KY	41042
	·		State	Zip Code
Street Address Only (No Post Office	Box Numbers)	City		Zip Code
and the name of the initial regist	ered agent at that o	_{office is} <u>Harold Rock Bry</u>	an Jr	
Article III: The mailing address	of the limited liabilit	y company's initial principal offic	e is	
_			KY	41042
71 Cavalier Blvd, Ste		Florence		
Street Address or Post Office Box Nu	mper	City	State	Zip Code
• •	e effective upon fili	ng, unless a delayed effective da		10/25/16
date or the delayed effective da	te cannot be prior to	o the date the application is filed.	. The date and/or t	(Delayed effective
				date and/or time)
I/We declare under penalty of p	eriury under the law	s of the state of Kentucky that th	ne foregoing is true	and correct
1/2 // BR	onjuny under une lun	Harold Rock Brya		10/25/16
Signature of Organizar		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Harold Rock Bryan Print Name of Registered Agent	<u> </u>	, consent to serve as the registere	-	
Harold Rock B	yanz	Harold Rock B	(yan, Jr 1	0-25-16
Signature of Registered Agent	-	Printed Name	Date)