

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 275, the undersigned applies to qualify and for that purpose submits the following statements				
Article I: The name of the limited	liability company is			
myKYbid LLC				
Article II: The street address of the	ne limited liability company's in	itial registered office in	ı Kentucky is	
2104 Cypress Drive		Lexington	Kentucky	40504
Street Address Only (No Post Office Bo		City	State	Zip Code
and the name of the initial registered agent at that office is Benjamin Ryan Boggs				
Article III: The mailing address of the limited liability company's initial principal office is				
2104 Cypress Drive	the inflice hability company s	Lexington	Kentucky	40504
Street Address or Post Office Box Num	ber	City	State	Zip Code
Article IV: The limited liability company is to be managed by (must check one): A. a manager(s). B. its member(s). Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective 09/04/2012				
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 perjury under the laws of the state of Kentucky that the foregoing is true and correct.				
Point	Benja	min Boggs, Business &	Marketing Director	09/04/2012
Signature of Organize		Name & Title		Date
- Shittened Ber		Michael Boggs, Sales &	Operations Director	09/04/2012
Signature of Organizer	Printed	Name & Title		Date
Benjamin R. Boggs , consent to serve as the registered agent on behalf of the limited liability company.				
Print Name of Registered Agent	Ben	jamin Boggs	09/04	/2012
Signature of Registered agent (01/12)	Printed		Date	