

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 2	275, the undersigned applies to qualify and for that purpose subn	nits the following statements:
Article I: The name of the limited	• •	•
	he limited liability company's initial registered office in Kentucky	is V 40769
Street Address Only (No Post Office B	Orive Williamsburg K ox Numbers) City State	Zip Code
and the name of the initial registe		
Article III: The mailing address of Street Address or Post Office Box Num	f the limited liability company's initial principal office is Drive Williamsburg Kanada City State	4016.7 Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be managed by (must check one):	
Article V: This application will be	effective upon filing, unless a delayed effective date and/or time	is provided. The effective
	e cannot be prior to the date the application is filed. The date and	
I/We declare under penalty of per	rjury under the laws of the state of Kentucky that the foregoing is	true and correct.
Signature of Organizer	Printed Name & Title	Date / 3 ()//
Rimatura of Owner income		
Signature of Registered Agent	Printed Name & Title, consent to serve as the registered agent on behalf	of the limited liability company.
(01/12)		