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COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718	Articles of Organization Limited Liability Company	KLC
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		

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

Article II: The street address of the limited liability company's initial registered office in Kentucky is

117 Masters Street	Radcliff	KY	40160
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that offic			
Article III: The mailing address of the limited liability co	ompany's initial principal off	ice is	
PO Box 1072	Radcliff	KY	40159
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be manager (s).	ged by (must check one):		

OLEMAN

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

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. COLEMAN, CHRISTOPHER M., OWNER Mar ZOIZ

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

consent to serve as the registered agent on behalf of the limited liability company.

COLEMAN, CHRISTOPHER M

Printed Name

Date

Signature of Registered Agent

Print Name of Registered Agent

