

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

ALI	ISON LUNDERGAN GRIN	ies, Seckeraki (JF 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 Comp			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies t	o qualify and for that pu	urpose submits the f	ollowing statements
Article I: The name of the limited	d liability company is			
myKYbid LLC				
Article II: The street address of t	the limited liability company's i	-		
2104 Cypress Drive		Lexington	Kentucky	40504
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registe	ered agent at that office is ${f B}$	enjamin Ryan Be	oggs	
Article III: The mailing address of	of the limited liability company	s initial principal office i	ie	
	of the infilted hability company			40504
2104 Cypress Drive Street Address or Post Office Box Nur		Lexington city	Kentucky State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be date or the delayed effective date	e effective upon filing, unless a	a delayed effective date	,	00/04/2012
				date and/or time)
I/We declare under penalty of pe	riury under the laws of the sta	te of Kentucky that the	foregoing is true and	d correct
2-12		amin Boggs, Business &	-	
Signature of Organizer		d Name & Title		Date
MITTER 2	John	-Michael Boggs, Sales &	Operations Director	09/04/2012
Signature of Organizer	Printe	d Name & Title		Date
Benjamin R. Boggs	, conser	nt to serve as the registered a	agent on behalf of the lim	ited liability company.
Print Name of Registered Agent	Rer	njamin Boggs	09/04	/2012
Signature of Registered Agent		d Name		72012
(01/12)	7 11116		2412	