

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 Comp | | | KLC | |
|---|---|------------------------------|-----------------------------|--|--|
| Pursuant to KRS 14A and KRS 2 | 275, the undersigned applies t | o qualify and for that | purpose submits the | following statements: | |
| Article I: The name of the limited | I liability company is | | | | |
| BACK Home Properties | s, LLC | | | | |
| Article II: The street address of | the limited liability company's | nitial registered office | in Kentucky is | | |
| 12011 Parkland Court | | Louisville | KY | 40243 | |
| Street Address Only (No Post Office B | ox Numbers) | City | State | Zip Code | |
| and the name of the initial registe | ered agent at that office is \underline{W} | Illiam Fowle |). | | |
| Article III: The mailing address of | of the limited liability company | s initial principal office | e is | | |
| 12011 Parkland Court | | Louisville | KY | 40243 | |
| Street Address or Post Office Box Nu | mber | City | State | Zip Code | |
| Article IV: The limited liability co A. a manager(s). B. its member(s). | mpany is to be managed by (r | must check one): | | | |
| Article V: This application will be | e effective upon filing, unless a | delayed effective da | te and/or time is pro | vided. The effective | |
| date or the delayed effective date | e cannot be prior to the date the | ne application is filed. | The date and/or tin | ne is 02/17/2015 (Delayed effective date and/or time) | |
| I/We declare under penalty of pe | rjury under the laws of the sta | te of Kentucky that th | e foregoing is true a | nd correct. | |
| Caste Jewle | | Cristi Fowle | | 02/17/2015 | |
| Signature of Organizer | Printe | d Name & Title | | Date | |
| Signature of Organizer | Printe | d Name & Title | | Date | |
| , William Fowle | consei | nt to serve as the registere | d agent on behalf of the li | mited liability company | |
| Print Name of Registered Agent | | iam Fowle | | 02/17/2015 | |
| Signature of Registered Agent | Printe | d Name | Date | | |

(01/12)