0900725.06

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/28/2014 9:40 AM Fee Receipt: \$40.00



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 Organi Limited Liability C			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned app	lies to qualify and for that p	urpose submits the foll	owing statements:
Article I: The name of the limited	l liability company is			
TStatts Properties 3 LLC				
Article II: The street address of t	he limited liability compa	ny's initial registered office i	in Kentucky is	
4104 Woodmont Park Lane		Louisville	Kentucky	40245
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registered agent at that office is				
Article III: The mailing address of the limited liability company's initial principal office is				
4104 Woodmont Park Lane		Louisville	Kentucky	40245_
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability con A. a manager(s). X B. its member(s).				The effective
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				
I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.				
2500		Timothy S. Statts		0/27/2014
Signature of Organizer		Printed Name & Title	D	ate
Signature of Organizer		Printed Name & Title	D	ate
I,Timothy S. Statts, consent to serve as the registered agent on behalf of the limited liability company.				
Print Name of Registered Agent		Timothy S. Statts	10/2	7/2014
Signature of Registered Agent		Printed Name	Date	

(01/12)