



**COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/27/2018 2:08 PM
Fee Receipt: \$40.00

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 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is
Corporex Madison Opportunity Fund I LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is
306 West Main Street, Suite 512 **Frankfort** **Kentucky** **40601**
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **CT Corporation System**

Article III: The mailing address of the limited liability company's initial principal office is
100 E. Rivercenter Blvd., Suite 1100 **Covington** **Kentucky** **41011**
Street Address or Post Office Box Number City State Zip Code

Article IV: The limited liability company is to be managed by (must check one):

- ☒ A. a manager(s).
☐ 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 _____.

Please indicate the county in which your business operates:
County: _____

To complete the following, please shade the box completely.

Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following applies to your business ownership: <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
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Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input type="checkbox"/> Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Nick Heekin	11/26/18
Signature of Organizer	Printed Name & Title	Date

CT Corporation System		
Signature of Organizer	Printed Name & Title	Date

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

Scott White	Scott White, Assistant Secretary	11/27/2018
Signature of Registered Agent	Printed Name	Date