

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings

Articles of Incorporation

PAI

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Profit Corpo	ration				
Pursuant to KRS 14A and KRS			qualify and for th	at purpos	e submits the foll	owing statements:
Article I: The name of the corp	poration is FacilityP	ro L.L.C.	· =			
Article II: The number of share	es the corporation is a	uthorized to is:	sue is _100, 50)/50 SP	LIT	
Article III: The street address						
307 South Chadwick Road, Louisville, KY 40220						a 8
Street Address (No Post Office Box Numbers)				City	State	Zip Code
and the name of the initial regi	istered agent at that of	fice is Mark	Ford		and the second second	
Article IV: The mailing address of the corporation's principal office is						
307 South Chadwick Road, Louisville, KY 40220						X-12 gr
Street Address or Post Office Box Number				City	State	Zip Code
Article V: The name and maili	ing address of the inco	rnorator is as	follows:		э.	
	South Chadwick Ro	** ** ** ***				
Name Street Address or Post Office Box Number				City	State	Zip Code
				3.0		
Name Street	et Address or Post Office Box Number			City	State	Zip Code
4 47 4					way	a
Name Street	Address or Post Office Bo	x Number		City	State	Zip Code
Article VI: This application will or the delayed effective date of	be effective upon filing annot be prior to the d	રૂ, unless a dela ate the applica	ayed effective d ation is filed. Th	ate and/o e date an	d/or time is we	. The effective date and/or time)
I/We declare under penalty of				the forego		
Signature of Incorporator	M	ark Ford			3/3/	14
Signature of Incorporator		nted Name	Title		Dat	
Mark Ford			, consent to	serve as the	e registered agent on l	behalf of the corporation
Print Name of Registered Agent	M	ark Ford			3	13/14
Signature of Registered Agent	Prir	nted Name	Title		Dat	te