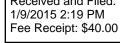
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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/9/2015 2:19 PM





COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings	Articles of Organ	piration		KLC
Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orgar Limited Liability			KLC ;
Pursuant to KRS 14A and KRS	275, the undersigned ap	plies to qualify and for that	purpose submits th	e following statements:
Article I: The name of the limited	d liability company is			e e
Haptic Design Lab LLC				
Article II: The street address of	the limited liability comp	any's initial registered office	in Kentucky is	
1307 Cherokee Rd Apt 3		Louisville	KY	40204
Street Address Only (No Post Office E		City	State	Zip Code
and the name of the initial regist	•	Milliam Tular Mhi	tehead	•
	•	13		•
Article III: The mailing address				
1307 Cherokee Rd Apt 3		Louisville	KY	40204
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co	ompany is to be manage	d by (must check one):		
A. a manager(s).	•			
B. its member(s).				
Article V: This application will be	e effective upon filing, u	nless a delayed effective da	te and/or time is pro	ovided. The effective
date or the delayed effective dat	e cannot be prior to the	date the application is filed.	The date and/or ti	me is 01/10/2015
				(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of	the state of Kentucky that th	e foregoing is true	and correct.
W. The the		William Tyler White	ehead, Owner	01/05/2015
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title	······································	Date
, William Tyler Whitehe	ad	, consent to serve as the registered	d agent on behalf of the	limited liability company.
Print Name of Registered Agent		William Tyler White	ehead 01/0	05/2015
Signature of Registered Agent		Printed Name	Date	··········