

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liabilit			RLC	
Pursuant to KRS 14A and KRS 2	75, the undersigned	applies to qualify and for that pur	rpose submits the fol	lowing statements	
Article I: The name of the limited Zuma LLC	liability company is				
Article II: The street address of t 3425 Bardstown Road Suit	ne limited liability cor e 407B	mpany's initial registered office in Louisville	Kentucky is Kentucky	40218	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registe	red agent at that offi	Joseph G. D'Ambrosio ice is			
Article III: The mailing address of 3415 Bardstown Road	f the limited liability of	company's initial principal office is Louisville	Kentucky 402	18	
Street Address or Post Office Box Nun	ber	City	State	Zip Code	
Article IV: The limited liability cor A. a manager(s). B. its member(s). Article V: This application will be date or the delayed effective date	effective upon filing,	unless a delayed effective date a		January 19 5	
Zum ²	oarmot be prior to t	re date the application is filed. Th	ie date and/or time is	(Delayed effective date and/or time)	
I/We declare under penalty of per	jury under the laws o	of the state of Kentucky that the for Joseph G. D'Ambrosio		correct. -19-2015	
Signature of Organizer		Printed Name & Title	D D	ate	
Signature of Organizer		Printed Name & Title		ate	
Joseph G. D'Ambrosio	2.	Timed Name & Tide		ate	
Rrint Name of Registered Agent		, consent to serve as the registered ago	ent on behalf of the limited	d liability company.	
		Joseph G. D'Ambrosio	1-19-201	1-19-2015	
Signature of Registered Agent		Printed Name	Date		