

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

(01/12)

Business Filings PO Box 718	Articles of Organization Limited Liability Company	KLC
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to qualify and for	that purpose submits the following statements:
Article I: The name of the limited	d liability company is Sterprises LLC	
Street Address Only (No Post Office B	10-	office in Kentucky is CO State State Zip Code
and the name of the initial registe	ered agent at that office is	L FRUM
Article III: The mailing address of Street Address or Post Office Box Num	of the limited liability company's initial principal	office is State State Zip Code
A. a manager(s). B. its member(s).	mpany is to be managed by (must check one)	
Article V: This application will be	effective upon filing, unless a delayed effective	e date and/or time is provided. The effective
date or the delayed effective date	e cannot be prior to the date the application is	filed. The date and/or time is (Delayed effective date and/or time)
Signature of Organizer	Printed Name & Title Printed Name & Title	RVIN DWNEN 1-10-12 Date Date
Print Name of Registered Agent	, consent to serve as the reg	istered agent on behalf of the limited liability company.
Signature of Registered Agent	Printed Name	Date .