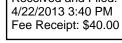
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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/22/2013 3:40 PM



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Or Limited Liabil			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned	d applies to qualify and for that p	ourpose submits the	following statements
Article I: The name of the limited	I liability company is	}		
KLLM Properties LLC				
Article II: The street address of t	he limited liability of	omnany's initial registered office	in Kentucky is	
2365 Harrodsburg Rd		Lexington	KY	40504
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registe		Michael G Taylor		
and the name of the initial registe	ered agent at that of	lice is		
Article III: The mailing address o	f the limited liability	company's initial principal office	is	
2105 Thorndale Way		Lexington	KY	40515
Street Address or Post Office Box Nur	nber	City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be man	aged by (must check one):		
Article V: This application will be	effective upon filing	g, unless a delayed effective dat	e and/or time is prov	ided. The effective
date or the delayed effective date	e cannot be prior to	the date the application is filed.	The date and/or tim	e is $\frac{4/22/2013}{\text{(Delayed effective date and/or time)}}$
I/We declare under penalty of pe	rjury under the laws	of the state of Kentucky that the	e foregoing is true ar	nd correct.
Il Man & Jan In		Michael G Taylor		4/22/2013
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Michael G Taylor	1	, consent to serve as the registered	agent on behalf of the lin	nited liability company.
Man la land		Michael G Taylor	4/22/	2013
Signature of Registered Agent	7	Printed Name	Date	