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Alison Lundergan Grimes
Kentucky Secretary of State
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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 Organization
Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

Loyal Tee LLC.

Article II: The street address of the limited liability company's initial registered office in Kentucky is

4108 W. Market St	Louisville	Ky	40212
Street Address Only (No Post Office Box Numbers)	**City**	**State**	**Zip Code**

and the name of the initial registered agent at that office is Jamar Knox.

Article III: The mailing address of the limited liability company's initial principal office is

4108 W. Market St	Louisville	Ky	40212
Street Address or Post Office Box Number	**City**	**State**	**Zip Code**

Article IV: The limited liability company is to be managed by (must check one):

- [x] A. a manager(s).
- [ ] B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Jamar Knox CEO	03/27/15
Signature of Organizer	**Printed Name & Title**	**Date**
Signature of Organizer	**Printed Name & Title**	**Date**

I, Jamar Knox, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

	Jamar Knox	03/27/15
Signature of Registered Agent	**Printed Name**	**Date**

(01/12)