

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Business Filings	Articles of Organization			IVEO	
PO Box 718	Nonprofit Limited Liabilit	ty Company			
Frankfort, KY 40602					
(502) 564-3490					
www.sos.ky.gov					
Pursuant to KRS 14A and KRS 275,	the undersigned applies to qualify a	and for that purpose submit	s the followi	ing statements:	
Article I: The name of the non-profit	limited liability company is				
	MEOWNERS ASSOCIATION	N. LLC			
TIOITING FOR ORLEITING	WIEGVINE TO A TOOL OF THE TOTAL			·	
Article II: The street address of the	non-profit limited liability company's	initial registered office in Ke	entucky is		
303 EDISON DRIVE		CALVERT CITY		42029	
Street Address Only (No Post Office E		City	State	Zip Code	
and the name of the initial registered	d agent at that office is WENDY E	ELROD			
Article III: The mailing address of the	ne non-profit limited liability company	's initial principal office is			
303 EDISON DRIVE PO B	OX 1349	CALVERT CITY	KY	42029	
Street Address or Post Office Box	x Number	City	State	Zip Code	
Article IV: The non profit limited list	bility company is to be managed by	(must check one):			
Article 1V. The non-profit infinited that	billy company to to be managed by	,			
A. a manager(s).					
B. its member(s).					
The state of the s					
Article V: The purpose of the non-p		1.0 1.15.1-1			
Administration, care, and m	anagement of Huntington Co	reek Subdivision			
Adiala VII: This application will be ef	ffective upon filing, unless a delayed	effective date and/or time i	s provided.	The effective date or the	
delayed effective date cannot be pr	ior to the date the application is filed			ve date and/or time)	
		(50)	_		
I/We declare under penalty of perju	ry under the laws of the state of Ker	tucky that the foregoing is	true and co	rrect.	
(1) e. de Elrod Wendy Elrod		/ Elrod	2/3/2014		
Signature of Organizer	Printed			Date	
oignaturo or organizati					
Signature of Organizer Printe		Name	1	Date	
Olgrand of Olgania					
Signature of Organizer	Printed	Name	I	Date	
, Wendy Elrod	, consent to se	rve as the registered agent	on behalf o	of the limited liability company	
Print Name of Registered Agent					
Wende Goras	Wend	y Elrod		2/3/2014	
Signature of Registered Agent	Printed	Printed Name		Date	