



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

**0880129.06**

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**Alison Lundergan Grimes**  
**Kentucky Secretary of State**  
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**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  
**Shine on Vine LLC**

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

**320 Hampton Ct** **Lexington** **KY** **40508**  
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **Macon R Brown**

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

**320 Hampton Ct** **Lexington** **KY** **40508**  
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):

☐

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 **2/24/14**  
(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.

 **Macon R Brown** **2/24/14**  
Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, **Macon R Brown**, consent to serve as the registered agent on behalf of the limited liability company.  
Print Name of Registered Agent

 **Macon R Brown** **2/24/14**  
Signature of Registered Agent Printed Name Date