

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	Limited Liability (KLC	
Pursuant to KRS 14A and KRS 2	?75, the undersigned ap	plies to qualify and for that p	urpose submits the	following statements:	
Article I: The name of the limited O'Sullivan's Electronic				·	
Article II: The street address of t	he limited liability compa	any's initial registered office	in Kentucky is		
3857 Barnard Drive		Lexington	KY	40509	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registe	ered agent at that office	_{is} James Michael S	mith		
Article III: The mailing address of	of the limited liability com	nany's initial principal office	ie		
Article III: The mailing address of the limited liability company's initial principal office is 3857 Barnard Drive Lexington KY 40509					
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability co 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			*	(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. James Michael Smith 9/25/2014					
James likal mith		James Michael Sr			
Signature of Organizer		Printed Name & Title	4	Date	
Signature of Organizer		Printed Name & Title		Date	
Dena Sullivan Smith , consent to serve as the registered agent on behalf of the limited liability company Print Name of Registered Agent Dena Sullivan Smith O(25/2014)					
Signature of Registered Agent	n smith	Dena Sullivan Sm	end time to the control of the contr	9/25/2014 Date	
		4.	-340		

(01/12)