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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/29/2014 1:06 PM

Fee Receipt: \$40.00



## **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 Organ Limited Liability (	Company		KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	plies to qualify and for th	at purpose submits th	e following statements:
Article I: The name of the limited	I liability company is			
Gypsy Rags, LLC				
Article II: The street address of t	he limited liability comp	any's initial registered of	fice in Kentucky is	
111 West Main Street, Suite B		Morehead	KY	40351
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office	<sub>is</sub> Luka N. Moore		
Article III: The mailing address of	of the limited liability com	the same of the sa		40054
PO Box 464		<u>Morehead</u>	KY	40351
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co  A. a manager(s).  B. its member(s).	mpany is to be manage	d by (must check one):		
Article V: This application will be	e effective upon filing, ur	nless a delayed effective	date and/or time is pr	ovided. The effective
date or the delayed effective dat	e cannot be prior to the	date the application is fil	ed. The date and/or t	ime is $\frac{10/29/2014}{\text{(Delayed effective date and/or time)}}$
I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.				
Signature of Organizer		Lu Ka N . N Printed Name & Title	100re Quine C	10129114 Date
Signature of Organizer		Printed Name & Title	- r	Date
Print Name of Registered Agent  Signature of Registered Agent	e Ve	consent to serve as the regis	tered agent on behalf of the	e limited liability company.

(01/12)