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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liabilit			KLC
Pursuant to KRS 14A and KRS	1 275, the undersigned	applies to qualify and for that p	purpose submits the foll	lowing statements
Article I: The name of the limite				
Conn-Tiki, LLC.	, ,			
Article II: The street address of	the limited liability co	mnany's initial registered office	in Kontuolas in	
7908 Hall Farm Drive		Louisville	Kentucky	40291
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist	•	5	0.0.0	Zip Gode
		CC 13		
Article III: The mailing address		company's initial principal office	e is	
7908 Hall Farm Drive		Louisville	Kentucky	40291
Street Address or Post Office Box Nu	ımber	City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).				
Article V: This application will b	e effective upon filing	unless a delayed effective da	te and/or time is provide	ed. The effective
date or the delayed effective da	te cannot be prior to t	he date the application is filed.	The date and/or time is	s
		•		(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws	of the state of Kentucky that th	e foregoing is true and	correct.
		Stephen G. Hopk	ins. Attornev	10/13/11
Signature of Organizer		Printed Name & Title	inted Name & Title	
Signature of Organizer		Printed Name & Title	0	Pate
, Debbie Mudd		, consent to serve as the registered	d agent on behalf of the limite	d liability company
Print Name of Registered Agent	Al	Debbie Mudd	10/13/	
Signature of Registered Agent		Printed Name	Date	11