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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/4/2013 9:52 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

AL	13011 LUNDERGAN C	SKINES, SECKLIARI OF	JIAIL		
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Company 40602			KLC	
Pursuant to KRS 14A and KRS 2	275, the undersigned app	olies to qualify and for that purp	ose submits the	following statements:	
Article I: The name of the limited	d liability company is				
Maximum Golf Perfori					
#			(4)		
Article II: The street address of			11051		
2154 Golden Valley D	Independence	KY	41051		
Street Address Only (No Post Office E	City	State	Zip Code		
and the name of the initial regist	ered agent at that office i	s John C. Walker			
Article III: The mailing address of					
TO SECURITY DISEASE THE TAX TO SECURE THE TAX		Independence	KY	41051	
2154 Golden Valley Dr Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability contains A. a manager(s). B. its member(s). Article V: This application will be			nd/or time is pro	vided. The effective	
				03/04/2013	
date or the delayed effective dat	te cannot be prior to the c	date the application is filed. The	e date and/or tin	(Delayed effective date and/or time)	
I/We declare under penalty of pe	erjury under the laws of th	ne state of Kentucky that the for	regoing is true a	and correct.	
MCColor J		John C. Walker	03/04/2013		
Signature of Organizer		Printed Name & Title	Date		
Signature of Organizer		Printed Name & Title		Date	
John C. Walker					
Print Name of Registered Agent		consent to serve as the registered age	nt on behalf of the l	imited liability company.	
Millel		John C. Walker	03/0	03/04/2013	
Signature of Registered Agent		Printed Name	Date		