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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/26/2015 4:09 PM Fee Receipt: \$40.00



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

	of Organization	KLC
PO Box 718 Limited	Liability Company	
Frankfort, KY 40602 (502) 564-3490		
www.sos.ky.gov		
Pursuant to KRS 14A and KRS 275, the under	signed applies to qualify and for that p	Jrpose submits the following statements
Article I: The name of the limited liability comp		mp of outsime the following statements
The Merd Stash 1		
Article II: The street address of the limited liab	ility company's initial registered office i	n Kentucky is
2109 Woodland Avenue	Ashland	KY 41101
Street Address Only (No Post Office Box Numbers)	City	State Zip Code
and the name of the initial registered agent at t	hat office is Robin Ham.	5
Article III: The mailing address of the limited lia	ability company's initial principal office i	s
P.O. BOX 505	Ashland	KV LUIG
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).	control of the contro	
B. its member(s).		
Article V: This application will be effective upor	n filing, unless a delayed effective date	and/or time is provided. The effective
date or the delayed effective date cannot be pri		
		(Delayed effective date and/or time)
I/We declare under penalty of perjury under the	laws of the state of Kentucky that the f	oregoing is true and correct
(Rhome Dogwooding)	Sepan Hanie / O	ED 2 or 1
Signature of Organizer	Printed Name & Title	Date
Signature of Organizer		
Signature of Organizer	Printed Name & Title	Date
Print Name of Registered Agent	, consent to serve as the registered ag	ent on behalf of the limited liability company.
Bohn thems	Ribo Harris	2 /K/15
Signature of Registered Agent	Printed Name	Date