

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 Org Limited Liabilit			KLC
Pursuant to KRS 14A and KRS 2	I 275, the u ndersigned	applies to qualify and for that pu	urpose submits the	e following statements
Article I: The name of the limited	d liability company is			
Strike 3 Baseball, LLC				
Article II: The street address of	the limited liability cor	mnany's initial registered office i	n Kontucky is	
110 West Keyser Heig	•	Pikeville	Ky	41501
Street Address Only (No Post Office E		City	State	Zip Code
once Address only (No Fost office E	oox (vuilibers)			Zip Code
and the name of the initial registe	ered agent at that offi	_{ce is} Robert Thompson		<u> </u>
Article III: The mailing address of	of the limited liability o	company's initial principal office	ie	
110 West Keyser Heig	· ·	Pikeville	KY .	41501
Street Address or Post Office Box Nu	City	State	Zip Code	
Article IV: The limited liability co A. a manager(s). B. its member(s). Article V: This application will be			e and/or time is pro	ovided. The effective
date or the delayed effective dat	e cannot be prior to t	ne date the application is filed.	The date and/or ti	_{me is} 02/06/14
•	'			(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws	of the state of Kentucky that the	foregoing is true	and correct.
Robert a Showson by		Robert Thompson-		02/06/14
Signature of Organizer		Printed Name & Title		Date
		Jeffrey Cyrus - Meml	ber	02/06/14
Signature of Organizer		Printed Name & Title		Date
Robert Thompson Print Name of Registered Agent		, consent to serve as the registered	agent on behalf of the	limited liability company.
ramo or registered Agent		Robert Thompson	02/0	06/14
Signature of Registered Agent		Printed Name	Date	

(01/12)