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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 6/27/2013 11:18 AM 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 Organiza Limited Liability Co			KLC
Pursuant to KRS 14A and KRS	275, the undersigned applie	es to qualify and for that pu	rpose submits	the following statements
Article I: The name of the limite	ed liabílity company is			
The Crazy Patch, LLC				
Article II: The street address of	the limited liability company	y's initial registered office in	n Kentucky is	
4754 KY 344	100 10 00	Vanceburg	KY	41179
Street Address Only (No Post Office	Box Numbers)	City	State	Zip Code
and the name of the initial regis	tared agent at that office is	Janie Nute-Thoma	as	
and the name of the illitial regis	tered agent at that office is			
Article III: The mailing address	of the limited liability compa	any's initial principal office i	s	
4754 KY 344		Vanceburg	KY	41179
Street Address or Post Office Box No	City	State	Zip Code	
Article IV: The limited liability of A. a manager(s).  B. its member(s).	ompany is to be managed b	y (must check one):		
Article V: This application will b	e effective upon filing, unles	ss a delayed effective date	and/or time is p	provided. The effective
date or the delayed effective da	te cannot be prior to the dat	to the application is filed.	The date and/or	time is
date of the delayed effective da	ne carnot be prior to the da	te tre application is filed.	The date and/or	(Delayed effective date and/or time)
/We declare under penalty of p	erjury under the laws of the	state of Kentucky that the	foregoing is true	e and correct.
Drawing hours	la de la J	lanie Nute-Thoma	S	6/27/13
Signature of Organizer		Printed Name & Title		Date
Barry 11). Thomas		Barry Thomas		6/27/13
nature of Organizer Printed Name & Title			Date	
Janie Nute-Thomas		nsent to serve as the registered a	agent on behalf of th	ne limited liability company.
Danie Rute - Thomas		anie Nute-Thomas	6/2	27/13
Signature of Registered Agent		inted Name	Dat	ie