

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

NLC

PO Box 718 Frankfort, KY 40602 (502) 564-3490	Nonprofit Limited Liability Company	NEO
www.sos.ky.gov		
Pursuant to KRS 14A and KRS 275,	the undersigned applies to qualify and for that purpose sub	bmits the following statements:
Article I: The name of the non-profit	limited liability company is	
Article II: The street address of the r	non-profit limited liability company's initial registered office i	in Kentucky is
Street Address Only (No Post Office B	Blove Pagu	State Y 42003 Zip Code
and the name of the initial registered	agent at that office is Steve Sno	W
Article III: The mailing address of the	e non-profit limited liability company's initial principal office	is
Street Address or Post Office Box	Number Padural	N Ky 42003 State J Zip Code
Article IV: The non-profit limited liab	ility company is to be managed by (must check one):	
A. a manager(s).		
B. its member(s).		
Article V: The purpose of the non-pre	ofit limited liability company is:	
Article VI: This application will be effective detayed effective data connect be price	ective upon filing, unless a delayed effective date and/or time	ne is provided. The effective date or the
delayed effective date cannot be prior	r to the date the application is filed. The date and/or time(I	Delayed effective date and/or time)
I/We declare under penalty of perjury	under the laws of the state of Kentucky that the foregoing	is true and correct.
Signature of Organizer	Stewe I Salow	JR 8/14/13
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Print Name of Registered Agent	consent to serve as the registered age	nt on behalf of the limited liability company.
Steffeny	Stellie R SNUY J	R 8/14/13
Signature of Registered Agent	Printed Name	Date /