

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 Organiz Limited Liability C			KLC
Pursuant to KRS 14A and KRS 2	L 275, the undersigned app	lies to qualify and for that purp	ose submits the	following statements
Article I: The name of the limited				
Article II: The street address of t	he limited liability compar	nv's initial registered office in K	entucky is	
161 MAN O WAR DR		HARRODSBURG	KY	40330
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office is	TEX CONLEY		
Article III: The mailing address of	of the limited liability comp	pany's initial principal office is		
161 MAN O WAR DR		HARRODSBURG	KY	40330
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability contact A. a manager(s). B. its member(s). Article V: This application will be date or the delayed effective date	effective upon filing, unle	ess a delayed effective date an		_{e is} 04/15/14
				(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of the	e state of Kentucky that the for	egoing is true an	d correct.
h.a CC		TEX CONLEY, OWNE	R	04/15/14
/1.		rinted Name & Title	451411	Date
Signature of Organizer	The same of the sa	CHRISTIAN CONLEY	, ADMIN	04/15/14
CHRISTIAN CONLEY	, o	onsent to serve as the registered agen	it on behalf of the lim	
Signature of Registered Agent		rinted Name	04/15 Date	/ 14
(01/12)	0		24.0	