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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/21/2015 9:04 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	Articles of Organ					KLC	
(502) 564-3490 www.sos.ky.gov							
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	plies to qualify	y and for that p	urpose submit	s the follow	ing statements	
Article I: The name of the limited	d liability company is					-	
CSa Propertu	es of Kento	icky.	LLC				
Article II: The street address of		,		in Kentucky is			
					r v	42701	
U2 St. John Street Address Only (No Post Office E	Box Numbers)	City	20001110	State		Zip Code	
and the name of the initial regist	ered agent at that office	is Aaro	n Higd	'on			
Article III: The mailing address of							
63 St. John C Street Address or Post Office Box Nu	hurs Rd	Eliz	abethiton	State	-4	42701 Zip Code	
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be manage	d by (must ch	eck one):				
Article V: This application will be	e effective upon filing, ur	nless a delaye	d effective date	e and/or time is	s provided.	The effective	
date or the delayed effective dat	e cannot be prior to the	date the appli	cation is filed.	The date and/	or time is	1.25.15	
		••			(L	Delayed effective ate and/or time)	
I/We deelare under penalty of pe	erjury under the laws of t	he state of Ke	entucky that the	foregoing is to	rue and cor	rect.	
(the	_	1	Higdon			NOT DO BUTCH	
Signature of Organizer		Printed Name 8	R Title	1 (01)1001	Date		
Signature of Organizer	-	Printed Name 8	& Title		Date		
Print Name of Registered Agent		consent to serve	as the registered	agent on behalf o	f the limited lia	ability company.	
10 th		aaron	Higdon		1-20.	15	
Signature of Registered Agent		Printed Name	()		ate		

(01/12)