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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/17/2012 12:00 AM Fee Receipt: \$90.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718	Certificate of Au (Foreign Busines			FBE
Frankfort, KY 40802 (502) 584-3490 www.sos.ky.gov	(1 oreign busines	ss Chuty)		
Pursuant to the provisions of KRS 14A on behalf of the entity named below and	and KRS 271B, 273, 274,275, 1, for that purpose, submits the	362 and 386 the unders following statements:	igned hereby applies for au	thortty to transact business in Kentur
busineas		onprofit corporation (KR nited liability company (_	nal service corporation (KRS 274). nal limited liability company (KRS 27
2. The name of the entity is M J	M Investments until the identical to the name on n		of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable): M	JM Investme y provide if "real name" i	•	se, leave blank.)
4. The state or country under whose lay	w the entity is organized is	Indiana		
5. The date of organization is $\underline{\underline{\mathtt{Dec}}}$.	12, 2012	and the period	of duration le	
The mailing address of the entity's pr		and the period	(If I	eft blank, the period of duration is considered perpetual.)
8910 Purdue Rd. S		dianapolis	IN	46268
Street Address		City	State	Zip Code
7. The street address of the entity's reg-	istered office in Kentucky is			
306 W. Main Street, Suite 512,		Frankfort	KY	40601
Street Address (No P.O. Box Numbers)	***************************************	City	State	Zip Code
and the name of the registered agent at	that office is C T Corporatio	n System		
8. The names and business addresses		-	directors, managers, trustees	s or general partners):
	910 Purdue Rd.	Ste 730	Indianapolis	IN 46268
Name Michael R. Speedy	Street or P.O. Box 8910 Purdue Rd	cky . Ste 730	State Indianapolis	Zip Code IN 46268
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	ZIp Code
9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation 10. I certify that, as of the date of filing the state of a limited partnership, it elects to	e states or territories of the Unit. is application, the above-name be a limited liability limited pa	lted States or District of ad entity validly axists un artnership. Check the	Columbia to rendar a profes nder the laws of the jurisdicti box if applicable:	slonel service described in the
12. This application will be effective upon The effective date or the delayed effective			d. The date and/or time is	(Delayed effective date and/or time)
The		Max R. Ke	endall, Membe	r Dec. 17, 201
Signature of Authorized Representative		Printed Name	& Title	Date
C T Corporation System Type/Print Name of Registered Agent		, consent to serve as	the registered agent on beh	alf of the business entity.
By: C T Corporation System	Sevia	Burris	Ast Secretar	Y8VP 12/17/12
Signature of Registered Agent (01/12)	Printed Na	me	Title	/ Date