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Fee Receipt: \$40.00

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/27/2013 9:46 AM



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

		ar Oranico, Oconcinari	OI OIAIL	
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490	Articles of Org Limited Liabilit			KLC
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	L275, the undersigned	applies to qualify and for that p	urpose submits the f	ollowing statemen
			•	•
Article I: The name of the limited KYBAT, LLC	mability company is			
KIBAI, LLO		evenue.		
Article II: The street address of t	the limited liability cor	mpany's initial registered office	in Kentucky is	
333 West Vine Street, Suite 1700		Lexington	Kentucky	40507
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registe		Donald M. Waket	ield. Esa.	•
and the name of the fillial registe	ereu agent at that om	ce is		
Article III: The mailing address of	-	company's initial principal office	is	
907 Starshoot Parkway		Lexington	Kentucky	40509
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be mana	ged by (must check one):		
Article V: This application will be	effective upon filing,	unless a delayed effective date	and/or time is provi	ded. The effective
			•	
date or the delayed effective date	e cannot be prior to tr	ne date the application is filed.	i ne date and/or time	Delayed effectiv
				date and/or time
I/We declare under penalty of pe	rjury under the laws of	of the state of Kentucky that the	foregoing is true an	d correct.
		Tophan Kulkriwes		03/21/2013
		Printed Name & Title		
1.		Bruce Naude, Memb	er	03/21/2013
ignature of Organizer		Printed Name & Title		Date
Donald M. Wakefield Print Name of Registered Agent		, consent to serve as the registered	agent on behalf of the limi	ited liability company.
		Donald M. Wakefie	eld 03/21	/2013
Signature of Registered Agent		Printed Name	Date	