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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/21/2013 8:17 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 (502) 564-3490 www.sos.ky.gov	Articles of Organi Limited Liability C			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned app	olies to qualify and for that p	urpose submi	ts the following statements:
Article I: The name of the limited	l liability company is			
VIBE Properties, LLC				
Article II: The street address of t	he limited liability compa	nny's initial registered office i	in Kentucky is	i
3612 Windfair Lane		Lexington	KY	40515
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office is Ivy D Barksdale				
Article III: The mailing address of the limited liability company's initial principal office is				
3612 Windfair Lane		Lexington	KY	40515
Street Address or Post Office Box Nur	nber	City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be managed	by (must check one):		
Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective				
date or the delayed effective date	e cannot be prior to the d	date the application is filed.	The date and	/or time is (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.				
B		Ivy D Barksdale, P	resident	May 20, 2013
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
lvy D Barksdale		consent to serve as the maistered	agent on habelf	of the limited liability company
Print Name of Registered Agent		consent to serve as the registered agent on behalf of		
A ALE VIEW A		Ivy D Barksdale		May 20, 2013
Signature of Registered Agent		rimed Name	'	Date

(01/12)