

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

KLC

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability	Company		,
Pursuant to KRS 14A and KRS 2	275, the undersigned a	pplies to qualify and for tha	t purpose submits the	e following statements:
Article I: The name of the limited $Mae Pay$	4	Services, LLC		
Article II: The street address of t			•	
3406 Stonehor Street Address Only (No Post Office B	st Drive	Louisville	KY	Yoz4Z Zip Code
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	eis Enrica	Thomas	
Article III: The mailing address of Street Address or Post Office Box Nur	+ Orive	mpany's initial principal office to the contract of the contra	ce is State	40242 Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be			ate and/or time is pro	vided. The effective
date or the delayed effective date	e cannot be prior to the	date the application is filed	d. The date and/or tin	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of	the state of Kentucky that t	the foregoing is true a	and correct.
anua Ethoma	0	Enrica Thom Printed Name & Title	as Owner	1/12/11
Signature of Organizer		Printed Name & Title	/	Date /
Signature of Organizer		Printed Name & Title		Date
Prifit Name of Registered Agent	12.8	, consent to serve as the register	ed agent on behalf of the li	mited liability company.
Inuca Showar	2	Enrica Tho	mas	1/12/11
Signature of Registered Agent		Printed Name	Date	/ /