

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 Org Limited Liabili			KLC
Pursuant to KRS 14A and KRS 2	l 275, the undersigned	applies to qualify and for that	purpose submits th	e following statements
Article I: The name of the limited	d liability company is			
Delaware TH, LLC	, ,			
Article II: The street address of	the limited liability co	mnany's initial registered office	in Kentucky is	
1115 Delaware Avenu		Lexington	KY	40505
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial registe	arad agent at that off	ice is J. Todd Ball		
and the name of the initial registi	ered agent at that on	ice is		
Article III: The mailing address of	of the limited liability of	company's initial principal office	e is	
1115 Delaware Avenu	Lexington	KY	40505	
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be mana	ged by (must check one):		
Article V: This application will be	e effective upon filing	unless a delayed effective date	e and/or time is pro	ovided. The effective
date or the delayed effective date	e cannot be prior to ti	he date the application is filed	The date and/or ti	_{me is} 3/30/15
	o carmot bo prior to t	to date the approacher is filed.	The date and/or th	(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury/under the laws	of the state of Kentucky that th	e foregoing is true	and correct.
			Todd Ball, Member	
Signature of Organizer				3/30/15 Date
ignature of Organizer		Printed Name & Title		Date
J. Todd Ball Print Name of Registered Agent		, consent to serve as the registered	i agent on behalf of the	limited liability company.
	SAA	J. Todd Ball	3/30)/15
Signature of Registered Agent		Printed Name	Date	

(01/12)