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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/25/2015 10:20 AM Fee Receipt: \$40.00

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## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

<b>Division of Business</b>	Filings
Business Filings	-
PO Box 718	
Frankfort, KY 40602	
(502) 564-3490	
www.sos.kv.gov	

Articles of Organization Nonprofit Limited Liability Company NLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the non-profit limited liability company is

## Day Spring Westwood LLC

Article II: The street address of the non-profit limited liability company's initial registered office in Kentucky is					
3430 Day Spring Ct	Louisville	KY	40213		
Street Address Only (No Post Office Box Numbers)	City	State	Zin Code		

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and the name of the initial registered agent at that office is	Sarah E.	Trester	(Executive	Director	of Day	Spring Inc.)

Article III: The mailing address of the non-profit limited liability company's initial principal office is

3430 Day Spring Ct	Louisville	KY	40213
Street Address or Post Office Box Number	City	State	Zip Code

Article IV: The non-profit limited liability company is to be managed by (must check one):

A. a manager(s).

B. its member(s).

Article V: The purpose of the non-profit limited liability company is:

## To own and operate a Staffed Group Residence at 2420 Westwood Ave, Louisville, KY 40220

Article VI: 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 cannot be prior to the date the application is filed. The date and/or time \_\_\_\_\_\_

(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.

Day Sprins Che.	Day Spring Inc.	
Signature of Organizer	Printed Name	Date
Gigned by Sarah Theste	1	
Signature of Organizer or behalf of Day.	Spring Printed Name	Date
	·	
Signature of Organizer	Printed Name	Date
I, Sarah E. Trester Print Name of Registered Agent	, consent to serve as the registered ag	ent on behalf of the limited liability company.
Sarah Mester	SARAH TREST	ER 11/24/15
Signature of Registered Agent	Printed Name	Date' /
	•	

(01/12)