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Alison Lundergan Grimes
Kentucky Secretary of State
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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 Organization Limited Liability Company KLC

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 limited liability company is
"The Black C" LLC.

Article II: The street address of the limited liability company's initial registered office in Kentucky is

Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
2247 Bardstown Road	Louisville	KY	40205

and the name of the initial registered agent at that office is KEPEMILI, LLC.

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

Street Address or Post Office Box Number	City	State	Zip Code
2385 Orchard Street	Nolensville	TN	37135

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

- [ ] A. a manager(s).
- [x] B. its member(s).

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 cannot be prior to the 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.

Signature of Organizer	Printed Name & Title	Date
	Stephen G. Hopkins	5/19/14
Signature of Organizer	**Printed Name & Title**	**Date**

I, Kenneth Conn, Manager, KEPEMILI LLC, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Signature of Registered Agent	Printed Name	Date
	Kenneth Conn, Manager, KEPEMILI, LLC	5/19/14

(01/12)