



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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PAOI

Alison Lundergan Grimes
Kentucky Secretary of State
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Division of Business Filings
Business Filings
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Frankfort, KY 40602
(502) 564-3490
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Articles of Incorporation
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Normas Co.

Article II: The number of shares the corporation is authorized to issue is 1000

Article III: The street address of the corporation's initial registered office in Kentucky is

| | | | |
|---------------------------------------------|------------|-------|----------|
| 6709 S 3RD ST | Louisville | KY | 40214 |
| Street Address (No Post Office Box Numbers) | City | State | Zip Code |

and the name of the initial registered agent at that office is Philip Molestina

Article IV: The mailing address of the corporation's principal office is

| | | | |
|------------------------------------------|------------|-------|----------|
| 6709 S 3RD ST | Louisville | KY | 40214 |
| Street Address or Post Office Box Number | City | State | Zip Code |

Article V: The name and mailing address of the incorporator is as follows:

| | | | | |
|-----------------|------------------------------------------|------------|-------|----------|
| Norma Molestina | 6709 S 3RD ST | Louisville | KY | 40214 |
| Name | Street Address or Post Office Box Number | City | State | Zip Code |

| | | | | |
|------|------------------------------------------|------|-------|----------|
| Name | Street Address or Post Office Box Number | City | State | Zip Code |
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|------|------------------------------------------|------|-------|----------|
| Name | Street Address or Post Office Box Number | City | State | Zip Code |
|------|------------------------------------------|------|-------|----------|

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 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.

| | | | |
|---------------------------|-----------------|-------|---------------|
| | Norma Molestina | Owner | April 15 2015 |
| Signature of Incorporator | Printed Name | Title | Date |

I, Philip Molestina, consent to serve as the registered agent on behalf of the corporation.

| | | | |
|-------------------------------|------------------|-------|---------------|
| | Philip Molestina | Agent | April 15 2015 |
| Signature of Registered Agent | Printed Name | Title | Date |