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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings
 Business Filings
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 Frankfort, KY 40602
 (502) 564-3490
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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

Absolut Fire Protection Holdings, LLC

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

2031 Garrard Street **Covington** **Ky** **41014**
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **Steve Strain**

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

2031 Garrard Street **Covington** **Ky** **41014**
Street Address or Post Office Box Number City State Zip Code

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

☐ A. a manager(s).

☒ 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.

 **Steve Strain** **07/13/2011**
Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, _____, consent to serve as the registered agent on behalf of the limited liability company.

Steve Strain **07/13/2011**
Print Name of Registered Agent Signature of Registered Agent Printed Name Date