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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/11/2014 12:45 PM Fee Receipt: \$40.00

KLC



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE Division of Business Filings Articles of Organization Limited Liability Company

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

Business Filings

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

PO Box 718

Investments L.L.C. TJF

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

| 2859 S L+N Tunnoike | Buffalo | Ky | 42716 |
|---|---|--------------------|---|
| Street Address Only (No Post Office Box Numbers) | City | State ' | Zip Code |
| and the name of the initial registered agent at that office is | <u>Jamie</u> | Shaw Ma | rksbury. |
| Article III: The mailing address of the limited liability com | pany's initial principal | office is | , |
| 2859 S L+N Tumpike Street Address or Post Office Box Number | Buffalo | Ky | 42716 |
| 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, unl | ess a delaved effectiv | e date and/or time | e is provided. The effective |
| date or the delayed effective date cannot be prior to the d I/We declare under penalty of perjury under the laws of th | | | (Delayed effective date and/or time) |
| | Jamie Show Printed Name & Title | | |
| Signature of Organizer | Printed Name & Title | | Date |
| ' JO | | | 3 |
| Signature of Organizer | Printed Name & Title | | Date |
| | consent to serve as the reg <u>Jame</u> Show Printed Name | | f of the limited liability company. |
| Signature of Registered Agent | Printed Name | | Date |
| (01/12) | | | |