

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

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS	275, the undersigned	applies to qualify and for that p	ourpose submits the	following statements
Article I: The name of the limite Diligine, LLC	d liability company is			
Article II: The street address of	the limited liability con	npany's initial registered office	in Kentucky is	
4517 Kidwell Lane		Covington	KY	41017
Street Address Only (No Post Office	Box Numbers)	City	State	Zip Code
and the name of the initial regist	tered agent at that offic	<sub>e is</sub> Kevin Lauer		
				<u>*************************************</u>
Article III: The mailing address	of the limited liability co	, , ,		44047
4517 Kidwell Lane		Covington	KY	41017
Street Address or Post Office Box Nu	ımber	City	State	Zip Code
Article IV: The limited liability contains A. a manager(s).  B. its member(s).	ompany is to be manaç	ged by (must check one):		
Article V: This application will b	e effective upon filing,	unless a delayed effective dat	e and/or time is pro	vided. The effective
date or the delayed effective da	te cannot be prior to th	e date the application is filed.	The date and/or tir	me is $\frac{03/12/2014}{\text{(Delayed effective date and/or time)}}$
I/We declare under penalty of pe	erjury under the laws o	f the state of Kentucky that th	e foregoing is true a	and correct.
Devin Sauce	^ _	Kevin Lauer		03/12/2014
Signature of Organizer		Printed Name & Title	Date	
Simpotive of Owner law		Deleted Name O Title		Dete
Signature of Organizer		Printed Name & Title		Date
Kevin Lauer		, consent to serve as the registered	i agent on behalf of the	limited liability company.
Print Name of Registered Agent		Kevin Lauer	03/1	12/2014
Signature of Registered Agent		Printed Name	Date	Anne   Anne 🔾   }