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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/7/2013 3:39 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490	Articles of Or Limited Liabil	ganization Ity Company		KLC
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	275, the understance	d applies to qualify and for that purp		
Article I: The name of the limited	l Hability company to	to dominy and for that built	icee aubining in(o rollowing statemen
NORTHERN KENT	ICKY SHAC			
			· · · · · · · · · · · · · · · · · · ·	
Article II: The street address of t	he limited flability co	mpany's initial registered office in i	(entucky is	
3065 PRESTWICKE		EDGEWOOD	KY	41017
Pirest Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registe	red agent at that off	MARY G. HAYES	, ESQ.	
Vticle III: The mailing address of	f the limited liability i	company's initial principal office is		
2126 DIXIE HWY.		ERLANGER	KY	41018
treet Address or Post Office Box Num	ber	City	State	Zip Code
vicie IV: The limited liability con	npany is to be mane	ged by (must check one):		
A. a manager(s),				
B. Its member(s).				
				
rticle V: This application will be	effective upon filing,	unless a delayed effective date and	d/or time is prov	ided. The effective
ate or the delayed effective date	cannot be prior to th	ne date the application is filed. The	date and/or tim	a is 3/6/13
				(Delayed effective date angler time)
We deplare under panalty of peri	UTV under the laws r	of the state of Kentucky that the fore		
drida	h ehr	LORI FAHYE, SEC	DETADV DETADV	
positure of Organizate	1000	Printed Name & Title	ALIANT	3/6/13
	<u></u>	ran.		
meture of Organizer		Printed Name & Title		Date
MARY G. HAYES, E	SQ.	_, consent to serve as the registered agent	on hakali ai tha th	No. of the boson
Print Name of Registered Agent		MARY G. HAYES		
grusture of Registered Agent	,	Printed Name	3/6/1	3
1/12)			en de la company	