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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/22/2014 3:18 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

KLC

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability (NLC .
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	plies to qualify and for that purpose	submits the following statements:
Article I: The name of the limited		ent & Acquisit	ions/LLC
1602 Bank Street Address Only (No Post Office B	ox Numbers)	any's initial registered office in Kentu City Sta	te Aloll Zip Code
Article III: The mailing address of 1602 Banklick Street Address or Post Office Box Nur		npany's initial principal office is Coving to Star	te Zip Code
Article IV: The limited liability con	mpany is to be managed	d by (must check one):	
A. a manager(s). B. its member(s).			
Article V: This application will be	effective upon filing, ur	nless a delayed effective date and/or	time is provided. The effective
date or the delayed effective date	e cannot be prior to the	date the application is filed. The date	e and/or time is 4/2/20\A (Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of t	he state of Kentucky that the foregoin	ng is true and correct.
Signature of Organizer	rman	Als Abolus-Rahman Printed Name & Title	4/22/20 A
Signature of Organizer		Printed Name & Title	Date
I. Als About Rehm		consent to serve as the registered agent on t	pehalf of the limited liability company.
Signature of Registered Agent	man	At: Abdur-Rahmay	4/22/2014 Date

(01/12)