

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organizatio Limited Liability Comp			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	l liability company is				
James Weiss Contract	ting				
Article II: The street address of t	he limited liability company's in	nitial registered office	in Kentucky is		
149 S. State Street		Louisville	Kentucky	40206	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registered agent at that office is James Weiss					
Article III. The mailing address of the limited liability company's initial principal office is					
149 S. State Street	, the miniou has my sompany s	Louisville	Kentucky	40206	
Street Address or Post Office Box Nun	mber	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.					
James all Jeiss Ja		nes A. Weiss	10-11-12		
Signature of Organizer	Printed	Printed Name & Title		Date	
Sidentine of Occasions	Printer	I Name O Title		D-4-	
Signature of Organizer	Printed	I Name & Title		Date	
James A. Weiss	, consen	, consent to serve as the registered agent on behalf of the limited liability company.			
Print Name of Registered Agent	Jam	James A. Weiss		10-11-12	
Signature of Registered Agent	Printed	i Name	Date		