0899044.06

dcornish LAOO

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 10/7/2014 3:18 PM Fee Receipt: \$40.00



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

Division of Business Filings	Articles of C	Organization		
<b>Business Filings</b> PO Box 718	Limited Liab	Pility Company		KLC
Frankfort, KY 40602		ompany		
(502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	L 275, the undersign	ed applies to qualify and for that		
Article I: The name of the III.	- g	Spence to quality and for that	purpose submits the fo	llowing statement
Article I: The name of the limited	l liability company	is		
Chloe's Closet, LLC				
Article II: The street address of the	he limited liability	company's initial registered office	in Kontuckus	
rrir Ewing biva., Ste.	100	Florence	Kentucky	41042
Street Address Only (No Post Office Bo	ox Numbers)	City	State	Zip Code
and the name of the initial registe	red agent at that o	office is Patrick J. Monoha	an, Esq.	Zip Code
Article III: The mailing address of			<u>-</u>	
1824 Mt. Vernon	and making			•
Street Address or Post Office Box Num	hor	Ft. Wright	Kentucky	41011
		City	State	Zip Code
Article IV: The limited liability com	npany is to be mar	naged by (must check one):		
A. a manager(s).				
B. its member(s).		•		
Article V: This application will be e	effective upon filing	J, unless a delayed effective date	e and/or time is provide	d The en a
date or the delayed effective date	cannot be prior to	the day of the same day.	o dilator time is provided	a. The effective
date or the delayed effective date	oamot be bilor to	the date the application is filed.	The date and/or time is	
				(Delayed effective date and/or time)
We declare under penalty of perju	JIV under the laws	of the state of Kantucky at a second		date and/or time;
Wichille I am	. A · .	Michelle Head A	foregoing is true and co	orrect.
ignature of Organizer		Michelle Harmeling	9-7	25-14
- · · · · · · · · · · · · · · · · · · ·	Ü	Printed Name & Title	Da	te
ignature of Organizer		Printed Name & Title		
Patrick J. Monohan, Esc	,		Dat	le
Print Name of Registered Agent	<u> </u>	, consent to serve as the registered a	agent on hehalf of the limbs of	i — la Ura
A A B —		Patrick J. Monohan	-9 on behalf of the HULLEQ !	lability company.
gnature of Registered Agent		Printed Name	<del> </del>	
_		i initeti Mame	Date	