

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orgar Limited Liability (KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	oplies to qualify and for that pu	rpose submits the	following statements
Article I: The name of the limited	liability company is			
Patrice's Specialty,	LLC			
Article II: The street address of t	the limited liability comp	any's initial registered office in	Kentucky is	
158 E. Wellington Ave		Louisville	KY	40214
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registered agent at that office is Stephanie Deany				
Article III: The mailing address of				
158 E. Wellington A		Louisville	KY	40214
Street Address or Post Office Box Nur		City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s). Article V: This application will be date or the delayed effective date	e effective upon filing, ur	nless a delayed effective date		0/10/11
				(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.				
12 alama and portanty of po	njary andor the laws or t	Stephanie Deany	_	8/12/11
Signature of Organizer	sig	Printed Name & Title	OWNER	Date
	U			
Signature of Organizer		Printed Name & Title		Date
Stephanie Deany Print Name of Registered Agent		, consent to serve as the registered a	gent on behalf of the li	mited liability company.
At sprince Dero	nu	Stephanie Deany	8/12	2/11
Signature of Registered Agent	1	Printed Name	Date	

(04/11)