0892445.06

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 7/18/2014 11:23 AM 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 www.sos.ky.gov	Articles of Organizati Limited Liability Com			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies	to qualify and for that p	ourpose submits the	e following statements
Article I: The name of the limited	d liability company is			
JD Maher Creations, L	LC			
Article II: The street address of to 7520 US 42, # 7	the limited liability company's	initial registered office	in Kentucky is	41042
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registe	ered agent at that office is	ohn Dennis Mah	er	
		0.00		
Article III: The mailing address of 7520 US 42, # 7	or the limited liability company	Florence	KY	41042
Street Address or Post Office Box Nur	mbor	City	State	Zip Code
Article IV: The limited liability co. A. a manager(s). B. its member(s).				
Article V: This application will be	e effective upon filing, unless	a delayed effective dat	e and/or time is pro	vided. The effective
date or the delayed effective date	e cannot be prior to the date t	he application is filed.	The date and/or tin	(Delayed effective date and/or time)
I/We declare under penalty of pe	•	manus Marcan as	E 122	and correct.
John Dennis Mahen		John Dennis Maher		July 18, 2014
Signature of Organizer	Printe	ed Name & Title		Date
Signature of Organizer	Printe	ed Name & Title		Date
John Dennis Maher		at to some on the registered	agent on hehalf of the l	imited liability company
Print Name of Registered Agent John Dennis Mahen		ohn Dennis Maher July 18, 2014		
Signature of Registered Agent	Printe	ed Name	Date	
(01/12)				