

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 Organiz Limited Liability C			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned app	lies to qualify and for that pur	pose submits th	e following statements
Article I: The name of the limited	d liability company is			
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Article II: The street address of t	the limited liability compa	ny's initial registered office in	Kentucky is	
3164 RICHMOND ROAD		LEXINGTON	KY	40509
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registor	ared agent at that affice is	REBECCA HANNI	FAN	
and the name of the initial registr	ered agent at that office is	S		
Article III: The mailing address of	of the limited liability comp	pany's initial principal office is		
3164 RICHMOND ROAD		LEXINGTON	KY	40509
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be managed	by (must check one):		
Article V: This application will be	e effective upon filing, unle	ess a delayed effective date a	and/or time is pr	ovided. The effective
				11/12/12
date or the delayed effective dat	e cannot be prior to the d	ate the application is filed. The	ie date and/or t	(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of th	e state of Kentucky that the fo	oregoing is true	and correct.
Rebecca Hannifur		REBECCA HANNIFAN		11/13/12
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
REBECCA HANNIFA	AN,	consent to serve as the registered ag	ent on behalf of the	e limited liability company.
Debugg Hanne	Rys	REBECCA HANNIF	AN 11/	13/12
Signature of Registered Agent	ī	Printed Name	Date	

(01/12)