

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
Pursuant to KRS 14A and K

Articles of Organization Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned ap	plies to qualify and for that purpo	se submits the f	ollowing statements:	
Article I: The name of the limited liability company is	,			
	ubility Company		·	
Article II: The street address of the limited liability company's initial registered office in Kentucky is				
8600 GLENFIELD WAY	LOUISVILLE	KY	40241	
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code	
and the name of the initial registered agent at that office is MATTOUREN MATHOW OUN CAN				
Article III: The mailing address of the limited liability company's initial principal office is				
8600 GLENFIELD WAY	LOUISVILLE	KY	40241	
Street Address or Post Office Box Number	City	State	Zip Code	
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. MATTHEW DUNCAN MEMBER 02/22/13				
Signature of Organizer	Printed Name & Title	IVIEIVIDER	Date Date	
My line ll 16 as	PHIL HAWKINS		02/22/13	
Signature of Organizer	Printed Name & Title		Date	
MATTHEW DUNCAN Print Name of Registered Agent	consent to serve as the registered agent			
Signature of Registered Agent	Printed Name	Date		
(01/12)				