

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	75, the undersigned applies	to qualify and for that p	urpose submits the	following statements
Article I: The name of the limited	l liability company is			
Melissa Barnes Socce	r Academy LLC			
Article II: The street address of t	he limited liability company's	initial registered office	in Kentucky is	
706 Hycliffe		Richmond	KY	40475
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office is \underline{M}	elissa Barnes		
Article III: The mailing address o			is	
207 Begley Building		Richmond	KY	40475
Street Address or Post Office Box Nun	nber	City	State	Zip Code
Article IV: The limited liability cor A. a manager(s). B. its member(s).	mpany is to be managed by (must check one):		
Article V: This application will be	effective upon filing, unless	a delayed effective date	and/or time is prov	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 tim	ne is 3/26/13 (Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws of the sta	ate of Kentucky that the	foregoing is true a	nd correct.
MH(1)	Me	lissa S. Barnes	, President	3/22/13
Signature of Organizer	Printe	ed Name & Title		Date
Signature of Organizer	Printe	ed Name & Title		Date
Melissa S. Barnes Print Name of Registered Agent	/	nt to serve as the registered	_	
Signature of Registered Agent	\	ed Name	Date	