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Elaine N. Walker, Secretary of State

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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 Organization			KLC
Pursuant to KRS 14A and KRS 2	I 275, the undersigned a	applies to qualify and for that p	ourpose submits t	ne following statements
Article I: The name of the limited	I liability company is			
SecureClientFiles.c	om, LLC			
Article II: The street address of t	he limited liability com	nnany's initial registered office	in Kentucky is	
239 South Fifth St. Suite 1800		Louisville	KY	40202
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	_{e is} Tad Thomas		
_	_			-
Article III: The mailing address of the limited liability company's initial principal office is 239 South Fifth St. Suite 1800 Louisville KY				
Street Address or Post Office Box Nun	Louisville	<u> </u>	<u>40202</u>	
	······	City	State	Zîp Code
Article IV: The limited liability con A. a manager(s).	mpany is to be manag	ed by (must check one):		
B. its member(s).				
Article V: This application will be	effective upon filing, a	unless a delayed effective date	and/or time is pr	ovided. The effective
date or the delayed effective date	cannot be prior to the	e date the application is filed.	The date and/or ti	me is
				(Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws of	the state of Kentucky that the	foregoing is true	and correct.
Tow Thome		AFI Ventures, LL		5/26/11
		Printed Name & Title		Date
the the	_7>>	Technoesq, LLC		5/26/11
Signature of Organizer		Printed Name & Title		Date
Tad Thomas		_, consent to serve as the registered a	agent on behalf of the	fimited liability company.
Print Name of Registered Agent		Tad Thomas	5/2	6/11
Signature of Registered Agent		Printed Name	Date	