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Alison Lundergan Grimes Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organization			KLC
PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov				
Pursuant to KRS 14A and KRS	275 the undersigned applies to	qualify and for that pu	rpose submits the	e following statements:
				·
Article I: The name of the limite	d liability company is			
VHV INVESTMEN	TS LLC			·
Article II: The street address of	the limited liability company's in	nitial registered office in	Kentucky is	
1019 SYLVIA DR				40475
Street Address Only (No Post Office Box Numbers)		RICHMOND	State	Zip Code
and the name of the initial regis		ITESH VAD	ADORIYA	
			•	
Article III: The mailing address	of the limited liability company?		_	.10.175
1019 SYLVIA DR		RICHMOND	KY State	<u>40475</u> Zip Code
Street Address or Post Office Box N	umber	City	Otate	
Article IV: The limited liability c	ompany is to be managed by (r	nust check one):		
A. a manager(s).				
B. its member(s).				
Article V: This application will b	pe effective upon filing, unless a	delayed effective date	and/or time is pro	ovided. The effective
date or the delayed effective da	ate cannot be prior to the date the	ne application is filed.	Γhe date and/or ti	me is
data an interest of the	·			(Delayed effective date and/or time)
			¢	and correct
I/We declare under penalty of p	perjury under the laws of the sta			
// /	1 ()	WELL VADADORIN	A MEMRE	A 614-28- 111
Stituce	2 Hn	(3) VALLEDONIA	71 //E DC	R Date
Signature of Organizer	Printe	d Name & Title		Date Date
Signature of Organizer		d Name & Title		Date Date
Signature of Organizer Signature of Organizer	Printe	d Name & Title		Date
Signature of Organizer	Printe	u Name a vice		Date
	Printe	d Name & Title	agent on behalf of the	Date