

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings PAI Articles of Incorporation **Business Filings Profit Corporation** PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements: Article I: The name of the corporation is My Ticketline LLC Article II: The number of shares the corporation is authorized to issue is \underline{IOO} Article III: The street address of the corporation's initial registered office in Kentucky is 400 Bellerive Bivl 51E 200 Nicholasville Ky 40356
Street Address (No Post Office Box Numbers)

City State Zip Code and the name of the initial registered agent at that office is _______ Heteon____ Article IV: The mailing address of the corporation's principal office is 400 Bellerive Blud STE 200 Nicholasville Ky 40356.
Street Address or Post Office Box Number City State Zip Code Article V: The name and mailing address of the incorporator is as follows: Terry Hatton 400 Bellerive Blud \$200 Wicholasville Ky 40356

Me Street Address or Post Office Box Number City State Zip Code Zip Code City Street Address or Post Office Box Number Name City State Zip Code Street Address or Post Office Box Number Name Article VI: 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 I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Terry Hatton Terry Hatton President 1/2/15
ature of Micorporator Printed Name Title Date Print Name of Registered Agent consent to serve as the registered agent on behalf of the corporation. Steve Hatta Manager 1/2/15

Parietered Agent Date

Date