PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liabii	ity Company		
Pursuant to KRS 14A and KRS 2	1275, the undersigne	d applies to qualify and for that p	ourpose submits the	e following statements:
Article I: The name of the limited	l liability company is	3		
Article II: The street address of t	the limited liability co	ompany's initial registered office	in Kentucky is	
212 N. 2nd Street, Sui	ite 100	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 of	fice is Northwest Regist	tered Agent L	LC
Article III: The mailing address of	of the limited liability	company's initial principal office	e is	
2261 Bradford Drive		Louisville	KY	40218
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	e effective upon filin	g, unless a delayed effective dat	e and/or time is pro	ovided. The effective
date or the delayed effective date	e cannot be prior to	the date the application is filed.	The date and/or tin	me is
I/We declare under penalty of pe		of the state of Kentucky that the	e foregoing is true a	and correct.
Morgan Poble	•	Morgan Nobe, Organizer		01/05/2016
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer	nature of Organizer Printed Name & Ti			Date
Northwest Registered	d Agent LLC	, consent to serve as the registered		
10h Glove	<u> </u>	Tom Glover		
Signature of Registered Agent		Printed Name	Date	

(01/12)