

## **COMMONWEALTH OF KENTUCKY** ELAINE N. WALKER, SECRETARY OF STATE

**Division of Corporations** 

Articles of Organization

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Company	<i>(</i>	KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned applies to qu	alify and for that purpose sub	omits the following statements
Article I: The name of the limited			
Article II: The street address of the	he limited liability company's initia	I registered office in Kentuck	y is
2527 NELSON MILLE	R PKWY., STE. 101 L	OUISVILLE KY	40223
Street Address Only (No Post Office B	ox Numbers) C	ity State	Zip Code
and the name of the initial registe	red agent at that office is D. SE	EAN NILSEN	
	f the limited liability company's init		
3908 CANE RUNE RO		OUISVILLE KY	40211
Street Address or Post Office Box Num	nber C	ity State	Zip Code
A. a manager(s).  B. its member(s).	npany is to be managed by (must		
Article V: This application will be	effective upon filing, unless a dela	ayed effective date and/or tim	ne is provided. The effective
date or the delayed effective date	cannot be prior to the date the ap	plication is filed. The date a	nd/or time 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.
DSA	DAVID	SEAN NILSEN, ORGA	NIZER 04-08-2011
Signature of Organizer	Printed Nam	ne & Title	Date
Signature of Organizer	Printed Nam	ne & Title	Date
DAVID SEAN NILSEI	V		
Print Name of Registered Agent , consent to serve as the registered agent on behalf of the limited liability company.			
DRA		SEAN NILSEN	04-08-2011
Signature of Registered Agent	Printed Nam	le .	Date