

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filing Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Aiticics	of Incorporation rporation			PAI
Pursuant to KRS 14A and h	(RS 271B, the under	signed applies to qualify	and for that purpose sub	omits th	e following statements:
Article I: The name of the o	orporation is ALL	RADES SERVIC	ES, INC.		·
Article II: The number of sh	ares the corporation	is authorized to issue is	One Thousand (*	1,000)
Article III: The street addre					
115 West Short Str	Lexington	KY	40507		
Street Address (No Post Office			City	State	Zip Code
and the name of the initial r	egistered agent at th	at office is Gerry L.	Calvert		
Article IV: The mailing add					
837 Floyd Drive			Lexington	KY	40505
Street Address or Post Office Box Number			City	State	Zip Code
Article V: The name and m	ailing address of the	incorporator is as follow	'S:		
Gerry L. Calvert 115 West Short Street			Lexington	KY	40507
	eet Address or Post Offi		City	State	Zip Code
		N	City	State	Zip Code
Name Str	eet Address or Post Offi	ce Box Number	Ony	Otale	Lip 4000
Name Str	eet Address or Post Offi	ce Box Number	City	State	Zip Code
Article VI: This application vor the delayed effective date	will be effective upon e cannot be prior to	filing, unless a delayed the date the application i	effective date and/or time s filed. The date and/or	e is pro time is_	
o. and concept on court of	•				(Delayed effective date and/or time)
I/We declare under penalty	of perjury under the	laws of the state of Ken	tucky that the foregoing i	s true a	nd correct.
Gerry L. Calvert			Incorporator		03-14-2012
Signature of Incorporator	eer j	Printed Name	Title		Date
, Gerry L. Calvert	_		, consent to serve as the regis	tered age	ent on behalf of the corporation.
Print Name of Registered Age	Blight	Gerry L. Calvert	Registered Agen		03-14-2012
Signature of Registered Agent	**************************************	Printed Name	Title		Date