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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

1/30/2013 8:42 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organ Limited Liability 0			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned app	plies to qualify and for that purp	ose submits the	following statements
Article I: The name of the limited	liability company is			
MIHIJA LLC				
Article II: The street address of t	he limited liability compa	any's initial registered office in K	entucky is	
4105 BRENTLER ROAD		LOUISVILLE	KY	40241
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	_{is} <u>JEANETTE DUQUE</u>		
Article III: The mailing address of	f the limited liability com	nany's initial principal office is		
4105 BRENTLER ROA	•	LOUISVILLE	KY	40241
Street Address or Post Office Box Nur		City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be		· · · · ·	d/or time is prov	rided. The effective
date or the delayed effective date	e cannot be prior to the o	date the application is filed. The	date and/or tim	e is (Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of the	he state of Kentucky that the for	egoing is true ar	nd correct.
Sometil Mil	je	JEANETTE DUQUE, OR	GANIZER	1-29-13
Signature of Organizer	/	Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
JEANETTE DUQUE Print Name of Registered Agent	Mu.	consent to serve as the registered age	nt on behalf of the lin	
Signature of Registered Agent (01/12)	Juli	Printed Name	Date	