

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Business Filings	Articles of Organ			KLC
PO Box 718	Limited Liability	Company		
Frankfort, KY 40602 (502) 564-3490				
(502) 564-3490 www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	275, the undersigned a	oplies to qualify and for the	at purpose submits the f	ollowing statements:
Article I: The name of the limited	d liability company is			
KaraBootique, LLC				
Article II: The street address of	the limited liability comp	pany's initial registered off	ice in Kentucky is	
255 Mt Airy Avenue		Paris	Kentucky	40361
Street Address Only (No Post Office B	Box Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	Kara Renee Shepl	nerd	
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Article III: The mailing address of	of the limited liability cor			
255 Mt Airy Avenue	W	Paris	KY	40361
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co	mpany is to be manage	ed by (must check one):		
	mpany is as as manage			
A. a manager(s).				
B. its member(s).				
	CC 4'	1	T	T-1 771 77 0
Article V: This application will be	e errective upon tiling, u	inless a delayed effective	date and/or time is provi	
date or the delayed effective dat	e cannot be prior to the	date the application is file	ed. The date and/or time	
				(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of	the state of Kentucky that	the foregoing is true an	d correct.
KOUA R. Enembrand		Kara Renee Sheph	erd	01/23/2014
Signature of Organizer	groot	Printed Name & Title		Date

Signature of Organizer		Printed Name & Title		Date
Kara Renee Shepherd		, consent to serve as the registe	ered agent on hehalf of the lim	ited liability company
Print Name of Registered Agent	1	_, consent to serve as the registi	agent on behall of the IIII	1 1
KMa R. Sh	epherd	Kara R. Sh	epherd 1	123/2014
Signature of Registered Agent		Printed Name	Date	

(01/12)