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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/24/2014 1:48 PM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organization	KLC
PO Box 718	Limited Liability Company	
Frankfort, KY 40602 (502) 564-3490	. *	
www.sos.ky.gov		
Dureyant to KRS 1/A and KRS 1	 275, the undersigned applies to qualify and for that pu	imose submits the following statements:
•	•	\
Article I: The name of the limited	Blessedand Highly	favored, LLC
Article II: The street address of	the limited liability company's initial registered office in	1 Kentucky is
8002 Magnolia	Pridoe Ct Suiteld; Louisvi	11e, Ky 40291
Street Address Only (No Post Office B and the name of the initial registe		nonette Reliford
•	of the limited liability company's initial principal office i	
Anticle III. The maining address to	Ridor Ct Suite INI; Coursvil	
Street Address or Post Office Box Nui	11000 C1-0110 1 .0010	State Zip Code
	mpany is to be managed by (must check one):	
Article IV. The littled liability co	mpany is to be managed by (musi oncox one).	
A. a manager(s).		
B. its member(s).		·
Article V: This application will be	effective upon filing, unless a delayed effective date	and/or time is provided. The effective
•	•	
date or the delayed effective date	e cannot be prior to the date the application is filed. T	he date and/or time is (Delayed effective
•		date and/or time)
I/We declare under penalty of pe	rjury under the laws of the state of Kentucky that the	foreaging is true and correct.
Compro MR	al albae Commer M Role	exa Prosidento CFO =121/1
Signature of Organizer	Printed Name & Title	Date Date
,	1	
Signature of Organizer	Printed Name & Title	Date
Gmmer M. Reli	to serve as the registered a	gent on behälf of the limited liability company.
Print Name of Registered Agent	diford Common M. Roli	ford 2/21/14
Signature of Registered Agent	Printed Name	Date