

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings	Articles of Incorpora	tion		PAI
Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Profit Corporation			
Pursuant to KRS 14A and KRS	271B, the undersigned applies to	o qualify and for that purpose su	ubmits the f	ollowing statements:
Article I: The name of the corpo	pration is <u>Bucket</u> L	ist Travel L	.Le	
Article II: The number of shares	the corporation is authorized to	issue is 100		
Article III: The street address of	the corporation's initial registere	d office in Kentucky is		
400 Bellerive Street Address (No Post Office Box N	- Bivl 51E 200 lumbers)	Nicholasville City	Ky State	40356 Zip Code
	ered agent at that office is5			
Article IV: The mailing address	of the corporation's principal offic	ce is		
400 Bellerive	Blud STE 200	Nicholas ville	Ky	40356.
			Otate	Lip dodd
81 801 PECENOLOGIS 51 K	g address of the incorporator is a			
Name Street Ac	n 400 Bellerive	- Blud #200 Wichel	State	Zip Code
Name Street Ac	ddress or Post Office Box Number	City	State	Zip Code
Name Street Ac	ddress or Post Office Box Number	City	State	Zip Code
Article VI: This application will be	e effective upon filing, unless a d	elayed effective date and/or time	ne is provid	ed. The effective date
or the delayed effective date car	nnot be prior to the date the appli	ication is filed. The date and/or	r time is(C	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 and	correct.
Terry Hatton	Terry Hatto	n President		1/2/15
Signature of Incorporator	Printed Name	Title	l	Date
Print Name of Registered Agent	n	, consent to serve as the reg	istered agent o	on behalf of the corporation
AG 21.00	- Steve U	attan Manager		1/2/15
Signature of Registered Agent	Printed Name	Title		Date