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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/17/2012 2:46 PM 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 Organiz Limited Liability Co			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned appli	ies to qualify and for t	nat purpose submits the	following statements
Article I: The name of the limited				
MARTIN COUNTY KIE		LLC		
Article II: The street address of the	ae limited liability compan	via initial naniatana da d		
387 EAST MAIN STRE	INEZ	KY	41224	
Street Address Only (No Post Office Bo	x Numbers)	City	State	Zip Code
and the name of the initial register	red agent at that office is	JANIE LYNN \	/ERMILLION	p
	ou agont at that office is			
Article III: The mailing address of			ffice is	
387 EAST MAIN STRE		INEZ	KY	41224
Street Address or Post Office Box Num	ber	City	State	Zip Code
Article IV: The limited liability com	npany is to be managed b	y (must check one):		
A. a manager(s).				
B. its member(s).				
Article V: This application will be	effective upon filing, unles	ss a delaved effective	date and/or time is prov	ided. The effective
				7/47/0040
date or the delayed effective date	cannot be prior to the dat	te the application is file	ed. The date and/or time	e is ////2012 (Delayed effective
				date and/or time)
We declare under penalty of perj	urv under the laws of the	state of Kentucky that	t the foregoing is true an	nd correct
Auch Tymul ambe			LION/MEMBER	7/17/2012
rigilature of Organizer		inted Name & Title		7/17/2012 Date
				Date
ignature of Organizer	Pri	inted Name & Title		Date
JANIE LYNN VERMIL	LION			
Print Name of Registered Agent	, cor	nsent to serve as the registe	ered agent on behalf of the lim	ited liability company.
Jul Lypullande	<u>ت</u> J	JANIE LYNN VERMILLION 7/17/2012		
gnature of Registered Agent	Pri	nted Name	Date	