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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/2/2014 3:37 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 40802 (502) 564-3490 www.sos.ky.gov	Articles of Organ Limited Liability			KLC	
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	plies to qualify and for that pe	rpose submits the fo	ollowing statements	
Article I: The name of the limited	l liability company is				
Churchill McGee of Ol	nio, LLC				
Article II: The street address of I	he limited liability comp	nany's initial registered office it	ı Kentuckv is		
300 East Main Street, Ste. 360 Lexingle			Kentucky	40507	
Street Address Only (No Post Office Box Numbers) City State				Zip Code	
and the name of the initial registe	ered agent at that office	_{is} Mason L. Miller		······································	
Article III: The mailing address of			Б		
1315-C West Main Street		Lexington	Kentucky	40508	
Street Address or Post Office Box Nu	nbor	City	State	Zip Code	
Article IV: The limited liability column A. a manager(s). B. its member(s). Article V: This application will be			and/or time is provi	ded. The effective	
date or the delayed effective date	e cannot be prior to the	date the application is filed. I	The date and/or time	is (Dolayod offective date and/or time)	
I/We declare under penalty of po	rjury under the laws of	the state of Kentucky that the	foregoing is true an	d correct.	
Max & R		Patrick McGee, Member		12/24/13	
Signature of Organizer		Printed Name & Title		Dato	
Signature of Organizer ,		Printed Name & Title		Datu	
Mason L. Miller		, consent to serve as the registered a	igent on behalf of the lin	ltod liablilly company.	
Print Name of Registrated Agent		Mason L. Miller	12/24	12/24/13	
Signature of Registored Agent	and the second s	Printed Namo	Date		
(01/12)					