

COMMONWEALTH OF KENTUCK ALISON LUNDERGAN GRIMES, SECRETARY OF \$770 E

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Organization pility Company		KLC
Pursuant to KRS 14A and KRS 2	275, the undersign	ned applies to qualify and for tha	at purpose submits the fo	ollowing statements:
Article I: The name of the limited	d liability company	<i>i</i> is		* f
Marilyn Benge McGhee, LLC				
Article II: The street address of	the limited liability	company's initial registered office	ce in Kentucky is	
323 West Fifth Street		London	Kentucky	40741
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 Marilyn Benge McGh	iee	
Article III: The mailing address of	of the limited liabili			40742
Post Office Box 1408		London	Kentucky	40743 Zip Code
Street Address or Post Office Box Nu	Inper	City	State	2.p 000c
Article IV: The limited liability co A. a manager(s). B. its member(s).				
Article V: This application will be	e effective upon fili	ing, unless a delayed effective d	date and/or time is provid	ded. The effective
date or the delayed effective dat	e cannot be prior t	to the date the application is filed	d. The date and/or time	(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the lav	ws of the state of Kentucky that	the foregoing is true and	d correct.
Marly Benge & Signature of Organizer	nille	Marilyn Benge McG Printed Name & Title	îhee, Attorney	7-9-/2 Date
Signature of Organizer		Printed Name & Title		Date