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Fee Receipt: \$40.00

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/12/2015 2:37 PM



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 Or Limited Liabi	rganization lity Company		KLC
Pursuant to KRS 14A and KRS 2	L 275, the undersigne	ed applies to qualify and for that purp	ose submits the	following statement
Article I: The name of the limited	d liability company i	S		
MOM AND ME CRAF				•
Article II. The storest eddings of	41			
	-	ompany's initial registered office in K Paducah	·	42002
1351 S Friendship Road Street Address Only (No Post Office Box Numbers)			KY	42003
_ ·	•	City	State	Zip Code
and the name of the initial regist	ered agent at that o	ffice is Michelle C. Hellinge	<u>r</u>	
		company's initial principal office is		
1351 S Friendship Road		Paducah	KY	42003
Street Address or Post Office Box Number		City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be	a effective upon filin	g, unless a delayed effective date an	d/or tima is pro	vided. The effective
date or the delayed effective date	e cannot be prior to	the date the application is filed. The	date and/or tim	ne is (Delayed effective date and/or time)
I/We declare under penalty of pe	riury under the laws	s of the state of Kentucky that the for	egoing is true a	nd correct.
M. R. I. C. K	9.10.	Michelle C. Hellinger		1/5/15
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Michelle C. Hellinger				
Print Name of Registered Agent		, consent to serve as the registered ager	it on behalf of the li	mited liability company.
Michel a	Alle.	Michelle C. Hellinger	1/5/1	15
Signature of Registered Agent	· ·	Printed Name	Date	