

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 Organ Limited Liability		,	KLC	
Pursuant to KRS 14A and KRS 2	ı 275, the undersigned a _l	oplies to qualify and for that purp	ose submits th	e following statements:	
Article I: The name of the limited	d liability company is				
IM HOME IMPROVEN	MENTS, LLC				
Article II: The street address of t	the limited liability com	nany's initial registered office in k	Centucky is		
122 VALLEYVIEW DR		FISHERVILLE	KY	40023	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registe	ered agent at that office	JOSE MARADIAGA	4	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
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Article III: The mailing address of the limited liability company's initial principal office is			4 32 70		
P O BOX 20267		LOUISVILLE	KY	40250	
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability co A. a manager(s). B. its member(s).	empany is to be manage	ed by (must check one):			
Article V: This application will be	e effective upon filing, u	inless a delayed effective date a	nd/or time is pr	ovided. The effective	
date or the delayed effective dat				0/00/0044	
I/We declare under penalty of pe	erjury under the laws of	the state of Kentucky that the fo	regoing is true	and correct.	
XXX MMD		JOSE MARADIAGA		6/23/2014	
Signature of Organizek		Printed Name & Title	ed Name & Title Date		
Signature of Organizer		Printed Name & Title	awaya wa	Date	
JOSE MARADIAGA Print Name of Registered Agent		_, consent to serve as the registered age	ent on behalf of the		
X		JOSE MARADIAGA	6/2	6/23/2014	
Signature of Registered Agent		Printed Name	Date		

(01/12)