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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/4/2014 1:07 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 Org Limited Liabilit			KLC	
Pursuant to KRS 14A and KRS 2	275, the undersigned	applies to qualify and for that p	urpose submits th	ne following statements	
Article I: The name of the limited			·	3	
Magnolia Ventures, LL					
		The state of the s			
Article II: The street address of t	he limited liability cor	npany's initial registered office	in Kentucky is		
1648 McGrathiana Pkwy, Suite 380 Lexington			KY	40511	
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code	
and the name of the initial registered agent at that office is Jodi M Garrison					
_	•		- N	•	
Article III: The mailing address o			is		
1648 McGrathiana Pk	Lexington	KY	40511		
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability cor A. a manager(s). B. its member(s).					
Article V: This application will be	effective upon filing,	unless a delayed effective date	and/or time is pro	ovided. The effective	
date or the delayed effective date	cannot be prior to th	e date the application is filed.	Γhe date and/or ti	me is (Delayed effective date and/or time)	
I/We declare under penalty of per	jury under the laws o	f the state of Kentucky that the	foregoing is true	and correct.	
alodi M. Sassisom	Jodi M Garrison, P	resident	8/4/2014		
		Printed Name & Title	311 · · · ·	Date	
Signature of Organizer		Printed Name & Title	-	Date	
Jodi M Garrison Print Name of Registered Agent		_, consent to serve as the registered a	agent on behalf of the	limited liability company.	
		Jodi M Garrison		8/4/2014	
Signature of Registered Agent	\$	Printed Name	Date		
•					

(01/12)