

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 Organization	anization y Company		KLC
Pursuant to KRS 14A and KRS 2	L 275, the undersigned	applies to qualify and for tha	t purpose submits the	e following statements
Article I: The name of the limited				Ü
AN Real Estate, LLC	, , ,			
Article II: The street address of t	he limited liability com	nany's initial registered offic	oo in Kontuolay is	
1164 Del Mar Court		Union	KY	41091
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial register	ered agent at that office	e is Montie J. Hodge	>	Lip Gode
Article III: The mailing address o				***************************************
P O Box 166	r tro minica hability of	Union	KY	41001
Street Address or Post Office Box Nun	nber	City	State	41091 Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be			ate and/or time is pro	vided. The effective
date or the delayed effective date				
,	outmot so prior to the	date the application is filed	. The date and/or tin	(Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws of	the state of Kentucky that the	ne foregoing is true a	nd correct.
Mostin I floy Pers, MJ-6 Killeds Signature of Organizer	9 Real Soldy LLC	Printed Name & Title	156K Huge Rad Solull	UC Nov-7-2014 Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent Mak J Holl, Pres. M JGK H Signature of Registered Agent	loss Real Estate, LIC		d agent on behalf of the li TSK ਮੀਟਤੇ ਵੂ Dov Date	
(01/12)				