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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/6/2017 7:57 AM 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 Organiza Limited Liability Cor | | | KLC |
|---|---|----------------------------------|---------------------------|--------------------------------------|
| Pursuant to KRS 14A and KRS | 275, the undersigned applie | es to qualify and for that p | urpose submits the | following statements |
| Article I: The name of the limite | ed liability company is | | | |
| MorSpark LLC | | | | |
| Article II: The street address of | f the limited liability company | r's initial registered office | in Kentucky is | |
| 486 Fox Lair Blvd. | Fisherville | KY | 40023 | |
| Street Address Only (No Post Office | Box Numbers) | City | State | Zip Code |
| and the name of the initial regis | tered agent at that office is | Michael Sparks | | |
| | | | • | |
| Article III: The mailing address | of the limited liability compa | | | 40000 |
| 486 Fox Lair Blvd. | Fisherville | KY | 40023 | |
| Street Address or Post Office Box N | City | State | Zip Code | |
| Article IV: The limited liability of A. a manager(s). B. its member(s). | ompany is to be managed b | y (must check one): | | |
| Article V: This application will be | pe effective upon filing, unles | ss a delayed effective date | and/or time is pro | vided. The effective |
| date or the delayed effective da | ate cannot be prior to the dat | e the application is filed. | The date and/or tim | (Delayed effective date and/or time) |
| I/We declare under penalty of p | perjury under the laws of the | state of Kentucky that the | e foregoing is true a | nd correct. |
| N/ W | • • | Mark Mortenson | | 02/03/2017 |
| Signature of Organizer | Pr | inted Name & Title | | Date |
| | N | /lichael Sparks | | 02/03/2017 |
| Signature of Organizer | Pr | inted Name & Title | | Date |
| Michael Sparks Print Name of Registered Agent | , co | nsent to serve as the registered | agent on behalf of the li | mited liability company. |
| M | | lichael Sparks | 02/0 | 3/2017 |
| Signature of Registered Agent | | inted Name | Date | |