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Elaine N. Walker, Secretary of State
Received and Filed:
9/15/2011 12:52 PM
Fee Receipt: $40.00

COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, 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 Limited Liability Company KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

Sew That...LLC.

Article II: The street address of the limited liability company's initial registered office in Kentucky is

1401 Copper Creek Dr	Lexington	KY	40514
Street Address Only (No Post Office Box Numbers)	**City**	**State**	**Zip Code**

and the name of the initial registered agent at that office is Allison L. Haas.

Article III: The mailing address of the limited liability company's initial principal office is

1401 Copper Creek Dr	Lexington	KY	40514
Street Address or Post Office Box Number	**City**	**State**	**Zip Code**

Article IV: The limited liability company is to be managed by (must check one):

- [ ] A. a manager(s).
- [x] B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 10/1/2011.
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Pam W. Cunningham	Pam W. Cunningham Member	9/14/11
Signature of Organizer	**Printed Name & Title**	**Date**
Signature of Organizer	**Printed Name & Title**	**Date**

I, _____, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Allison L Haas	Allison L. Haas	9/14/11
Signature of Registered Agent	**Printed Name**	**Date**

(04/11)