

COMMONWEALTH OF KENTUCKY FLAINE N. WALKER SECRETARY OF STATE

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organiz Limited Liability Co			KLC
Pursuant to KRS 14A and KRS	275, the undersigned appli	es to qualify and for that p	urpose submits the	following statements
Article I: The name of the limite	d liability company is			
Chat & Chew LLC	a hability company to			
Office Office ELO				
Article II: The street address of	the limited liability compan	y's initial registered office	in Kentucky is	
3500 Greenlawn Drive		Lexington	KY	40517
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist	ered agent at that office is	Donna Cox		
Article III: The mailing address				40547
3507 Greenlawn Drive		Lexington	KY	40517
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co	ompany is to be managed b	by (must check one):		
A. a manager(s).				
B. its member(s).				
Article V: This application will be	e effective upon filing, unle	ss a delayed effective date	e and/or time is pro	vided. The effective
date or the delayed effective date	to connet he prior to the de	to the application is filed	The data and/or tin	12/1/2011
date of the delayed effective date	e cannot be prior to the da	ite trie application is flied.	The date and/or till	(Delayed effective
				date and/or time)
I/We declare under penalty of pe	erjury under the laws of the	state of Kentucky that the	foregoing is true a	ind correct.
Kill Bluck	_	Kimberly Bullock,	member	12/1/11
Signature of Organizer		Printed Name & Title		Date
		Jeffrey Bullock, member		12/1/11
Signature of Organizer	P	rinted Name & Title		Date
Donna Cox		propert to some as the registered	agent on hohalf of the li	imited liability company
Print-Name of Registered Agent		onsent to serve as the registered		
(bonna lox		Donna Cox	12/1	/11
Signature of Registered Agent	P	rinted Name	Date	