

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 Limited Liability Company		KLC
Pursuant to KRS 14A and KRS 2	I 275, the undersigned applies to qualify and for that	purpose submits the	e following statements
Article I: The name of the limited	i liability company is		-
SWS LAUREL RD, LL			
A (* 1 11 T) 1 1 1 1 1 5			
	the limited liability company's initial registered office	•	40500
94 PREWITT DRIVE	SOMERSE		<u>42503</u>
Street Address Only (No Post Office B		State	Zlp Code
and the name of the initial registe	ered agent at that office is STEPHEN ACT	ON	
Article III. The moiling address o	of the limited liability company's initial principal offic	o io	
Article III: The mailing address of the limited liability company's initial principal office is			40500
94 PREWITT DRIVE	SOMERSE		<u>42503</u> .
Street Address or Post Office Box Nur	mber City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be managed by (must check one):		
•			
Article V: This application will be	e effective upon filing, unless a delayed effective da	ate and/or time is pro	ovided. The effective
date or the delayed effective date	e cannot be prior to the date the application is filed	. The date and/or tir	me is
date of the colleges of colleges			(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of the state of Kentucky that the	he foregoing is true	and correct.
34 /-	Stephen Acton, N		11/11/15
Signature of Organizer	Printed Name & Title		Date / / 1.3
Signature of Organizer	Printed Name & Title		Date
, Stephen Acton			
Print Name of Registered Agent	, consent to serve as the registere	ed agent on behalf of the	limited liability company.
Col tuo	Stephen Acton	۷	114/12
Signature of Registered Agent	Printed Name	Date	/ 7 / 6

(01/12)