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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/3/2014 8:21 AM

Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY

| AL | ISON LUNDERGAN GRIMES, SEC | CRETARY 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 | 275, the undersigned applies to qualify a | and for that purpose submi | ts the following statements: |
| Article I: The name of the limited | I liability company is | | |
| Morris Enterprises LLC | | | |
| | he limited liability company's initial regis | | 40741 |
| 282 Parsley Hill RD | Lond City | lon KY | Zip Code |
| Street Address Only (No Post Office B | Dobraly | nn Morris | |
| nd the name of the initial registe | ered agent at that office is | | |
| | f the limited liability company's initial pr | | 40744 |
| 82 Parsley Hill RD reet Address or Post Office Box Num | Lond City | don KY | 40741 Zip Code |
| -1- No. The limited liability con | npany is to be managed by (must chec | ck one) | |
| A. a manager(s). B. its member(s). | | | |
| cle V: This application will be | effective upon filing, unless a delayed | effective date and/or time | ne is provided. The effecti |
| e or the delayed effective date | cannot be prior to the date the applic | ation is filed. The date a | ind/or time is |
| | | | (Delayed effect date and/or tin |
| de alexa undar papalty of pori | ury under the laws of the state of Ker | ntucky that the foregoing | is true and correct |
| declare under penalty or period | | nn Morris CEO | 12/02/201 |
| ture of Organizer | Printed Name & | | Date |
| ture of Organizer | Printed Name & | . Title | Date |
| | | | |
| ebra Lynn Morris | , consent to serve | as the registered agent on be | ehalf of the limited liability comp |
| Name of Registered Agent | Debra Ly | nn Morris CEO | 12/02/2014 |
| ture of Registered Agent | Printed Name | | Date |
| | | | |

(01/12)