

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 Or Limited Liabil | | | KLC |
|--|----------------------------------|--------------------------------------|---------------------|--|
| Pursuant to KRS 14A and KRS 2 | L 275, the undersigned | d applies to qualify and for that p | ourpose submits th | ne following statements |
| Article I: The name of the limited | | | • | , and the second |
| To The River Cafe, LL | , , | | | |
| | 7 | | | |
| Article II: The street address of t | • | mpany's initial registered office | in Kentucky is | |
| 5706 Harrods Run Ro | ad | Prospect | KY | 40059 |
| Street Address Only (No Post Office Box Numbers) | | City | State | Zip Code |
| and the name of the initial registe | ered agent at that of | _{fice is} Jacquelyn S. Cha | appell | |
| _ | - | | :_ | |
| Article III: The mailing address of the limited liability com | | | | 40050 |
| 9550 U. S. Highway 42 | | Prospect | KY | 40059 |
| Street Address or Post Office Box Nur | nber | City | State | Zip Code |
| Article IV: The limited liability con | mpany is to be mana | aged by (must check one): | | |
| A. a manager(s). | | | | |
| | | | | |
| B. its member(s). | | | | |
| Article V: This application will be | effective upon filing | , unless a delayed effective dat | e and/or time is pr | ovided. The effective |
| date or the delayed effective date | a cannot be prior to t | the date the application is filed | The date and/or t | February 24, 2012 |
| date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective) | | | | |
| | | | | date and/or time) |
| I/We declare under penalty of per | rjury under the laws | of the state of Kentucky that the | e foregoing is true | and correct. |
| Jacquelyn S. Chappell, Member 2/17/1 | | | | er 2//7/12 |
| Signature of Organizer | | Printed Name & Title | | Date |
| • | | | | |
| Signature of Organizer | | Printed Name & Title | | Date |
| Jacquelyn S. Chappe | ell | | | P. W. LP 1990 |
| Print Name of Registered Agent | | , consent to serve as the registered | | ilmited liability company. |
| Jan 14 Chappe 1 | | Jacquelyn S. Char | pell 2 | 117/12 |
| Signature of Registered Agent | | Printed Name | Date | 1 1 1 1 |

(01/12)