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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/29/2015 10:39 AM Fee Receipt: \$40.00

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## 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 Nonprofit Limited Liability Company NLC

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 non-profit limited liability company is

Day Spring Brookmoor LLC

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

3430 Day Spring Ct	Louisville	KY	40213
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Sarah E. Trester (Executive Director of Day Spring Inc.)

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

3430 Day Spring Ct	Louisville	KY	40213
Street Address or Post Office Box Number	City	State	Zip Code

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

 $\checkmark$ 

A. a manager(s).

B. its member(s).

Article V: The purpose of the non-profit limited liability company is:

To own and operate a Staffed Group Residence at 12009 Brookmoor Rd, Louisville, KY 40243

Article VI: 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
(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.

Day Opring Anc.	Day Spring Inc.	10/29/15
Day Spring Inc. Signature of Organizer (Signed by Sove	Ang Trenter Printed Name	Date <sup>C</sup>
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
I, Sarah E. Trester Print Name of Registered Agent	, consent to serve as the registered age	nt on behalf of the limited liability company.
Sarah S. Treston	Sarah E. Trester	10/29/15
Signature of Registered Agent	Printed Name	Date / Cr /