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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 12/4/2014 8:20 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Co				KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned appl	ies to qualify a	and for that purp	pose submits the fo	ollowing statements:
Article I: The name of the limited RNS Lo		LC			<u> </u>
Article II: The street address of the	he limited liability compar	nv's initial regi	stered office in l	Kentucky is	
3920 Pinhook Street Address Only (No Post Office Bo	Rd.	80	+ Olivet	Kentucky State	41064
and the name of the initial registe	red agent at that office is	Sandr	a Yozell		шр обио
Article III: The mailing address o	f the limited liability comp	anv's initial n	incinal office is		•
3920 Pinhonk P	1 .		+ Olive+	الام ما برماد.	. Historia
Street Address or Post Office Box Num	iber	City	4 Unver	State	41064. Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	·				
Article V: This application will be	effective upon filing, unle	ss a delayed	effective date a	nd/or time is provi	ded. The effective
date or the delayed effective date	cannot be prior to the da	te the applica	ition is filed. Th	e date and/or time	(Delayed effective date and/or time)
We declare under penalty of per	jury under the laws of the	state of Kent	tucky that the fo	regoing is true and	d correct.
Samoha Yora	ll .	Sandra	Yazell	Owner	12/4/14
ignature of Organizer	Pı	rinted Name & T	itle		Date
ignature of Organizer	P:	rinted Name & T	itle		Date
Sondra 497211 Print Name of Registered Agent	, α	onsent to serve a	s the registered age	ent on behalf of the lim	
Sondra Youle	(Sandra	Yazel1	101	4/14
ignature of Registered Agent	Pi	rinted Name	, , , , , , , , , , , , , , , , , , , ,	Date	///
01/12)					