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LAOC Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/13/2014 8:14 AM

mstrattor

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COMMONWEALTH OF KENTUCKY **ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Com	pany		
Pursuant to KRS 14A and KRS 27	75, the undersigned applies	to qualify and for that pu	rpose submits the	following statements:
Article I: The name of the limited	liability company is			
Dr. Karen LLC	,			
Article II: The street address of th	ne limited liability company's	s initial registered office in	Kentucky is	
126 S Hanover Ave		Lexington	KY	40502
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial register	red agent at that office is	Scott Shapiro		
Article III: The mailing address of			e	
126 S. Hanover Ave.		Lexington	KY	40502
Street Address or Post Office Box Num		City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be	_			
date or the delayed effective date	cannot be prior to trie date	the application is filed.	ne date and/or tin	
				(Delayed effective date and/or time)
date or the delayed effective date	jury under the laws of the s	tate of Kentucky that the	foregoing is true a	(Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws of the s	tate of Kentucky that the	foregoing is true a	(Delayed effective date and/or time)
	jury under the laws of the s	tate of Kentucky that the	foregoing is true a	(Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws of the s		foregoing is true a	(Delayed effective date and/or time)

(01/12)