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Elaine N. Walker, KY Secretary of State

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COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned a	pplies to qualify and for that p	ourpose submits th	ne following statements
Article I: The name of the limited	d liability company is			
Chat & Chew LLC				
Article II: The street address of t	the limited liability com	pany's initial registered office	in Kentucky is	
3500 Greenlawn Drive		Lexington	KY	40517
Street Address Only (No Post Office B	Box Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	Donna Cox		
and the name of the initial regist	ered agent at that onle	C 19		·
Article III: The mailing address of	of the limited liability co	ompany's initial principal office	e is	
3507 Greenlawn Drive	е	Lexington	KY	40517
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co	mpany is to be manag	ed by (must check one):		
A. a manager(s).				
B. its member(s).				
Article V: This application will be	e effective upon filing,	unless a delayed effective da	te and/or time is p	rovided. The effective
date or the delayed effective date	e cannot be prior to the	a date the application is filed	The date and/or t	time is 12/5/11
date of the delayed effective date	e cannot be prior to the	e date the application is flied.	The date and/or	(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws o	f the state of Kentucky that th	e foregoing is true	and correct.
Kibly Billow		Kimberly Bullock,	Kimberly Bullock, member	
~ / 1/6 - 1/1/1/		Printed Name & Title		Date 12/2/11
He Blot		Jeffrey Bullock, mer	Jeffrey Bullock, member	
Signature of Organizer		Printed Name & Title		Date
, Donna Cox		_, consent to serve as the registered	d agent on behalf of the	e limited liability company.
Print Name of Registered Agent	/	Donna Cox	12/	/2/11
Signature of Registered Agent	and the second s	Printed Name	Date)