

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 Organi Limited Liability C			KLC	
Pursuant to KRS 14A and KRS 2	275, the undersigned app	plies to qualify and for that pu	rpose submits the	following statements:	
Article I: The name of the limited	-				
Club Swim Show LL	.C				
Article II: The street address of t	he limited liability compa	any's initial registered office i	n Kentucky is		
504 W Main Street		Wilmore	KY	40390	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registered agent at that office is Daniel Bowman.					
Article III: The mailing address of	of the limited liability com	pany's initial principal office	is		
504 W Main Street		Wilmore	KY	40390	
Street Address or Post Office Box Nu	mber	City	State	Zip Code	
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be managed	d by (must check one):			
Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective					
date or the delayed effective dat	e cannot be prior to the o	date the application is filed.	The date and/or tim	e is (Delayed effective date and/or time)	
I/We declare under penalty of pe	rjury under the laws of t	he state of Kentucky that the	foregoing is true ar	nd correct.	
Danil Ban		Daniel Bowman		1-7-2013	
Signature of Organizer	-	Printed Name & Title		Date	
Minny Si	<u></u>	Jennifer Silver		1-7-2013	
Signature of Organizer		Printed Name & Title		Date	
Daniel Bowman		consent to serve as the registered	agent on behalf of the lir	nited liability company.	
Print Name of Registered Agent		Daniel Bowman	1-7-2	1-7-2013	
Signature of Registered Agent		Printed Name	Date		