

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

(01/12)

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	applies to qualify and for that p	urpose submits the	following statements
Article I: The name of the limited		cat service LLC	,	
Article II: The street address of I				
403 Hackett	- Pike	Richmond	State S	40475
403 Hacket Street Address Only (No Post Office B	ox Numbers)	City	State	40475 Zip Code
and the name of the initial registe	ered agent at that offic	eis <u>Keenan Wile</u>	1	
Article III: The mailing address of)	
403 Hackett	_			40475
Street Address or Post Office Box Nu	mber	Richmond	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s). Article V: This application will be			e and/or time is prov	vided. The effective
date or the delayed effective date	e cannot be prior to the	e date the application is filed	The date and/or tim	ie is
	Journal Do prior to the	o date the application to med.		(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of	f the state of Kentucky that the	foregoing is true a	nd correct.
I-hil		KEENAN WIL	EY	3/14/13
Signature of Organizer/		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent		_, consent to serve as the registered	agent on behalf of the lin	nited liability company.
Signature of Registered Agent		Printed Name	Date C	7/17/13
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