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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/26/2013 8:16 AM Fee Receipt: \$40.00



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 Organization Limited Liability Company

KLC

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Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

ZOCALO LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

EUT MOHIVE	D MANNE LIV	LOU NY	1418
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at th	at office is <u>ABE</u>	RHART	·
Article III: The mailing address of the limited lia		e is	
	RLN LOUISUL	e ky	40218
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be A. a manager(s).	managed by (must check one):		
B. its member(s).			
Article V: This application will be effective upon	filing, unless a delayed effective da	ate and/or time is provid	ed. The effective
date or the delayed effective date cannot be price	or to the date the application is filed	The date and/or time i	s
,			(Delayed effective
/			date and/or time)
I/We declare under penalty of perjury under the	laws of the state of Kentucky that th	ne foregoing is true and	correct.
125 K	ABE ERHART		24DEC13
Signature of Organizer	Printed Name & Title	Γ	Date
Signature of Organizer	Printed Name & Title		Date
I, ABE ERHART	, consent to serve as the registere	d agent on behalf of the limite	d liability company.
Print Name of Registered Agent	ABE ERHAR	t 24	Dec 13
Signature of Registered Agent	Printed Name	Date	

(01/12)