0891166.06

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/1/2014 12:51 PM

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 Compan	у		KLC	
Pursuant to KRS 14A and KRS	। 275, the undersigned applies to q।	ualify and for that purp	ose submits the	following statements	
Article I: The name of the limited	d liability company is				
YouSwags, LLC					
A (1 1 1 T) ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	41101411-111-11-11-11-11-11-11-11-11		/amtualouia		
Article II: The street address of 2251 Smallhouse	ai registered office in r Bowling Green	Kentucky is <b>KY</b>	42104		
			State	Zip Code	
Street Address Only (No Post Office E		City	State	Zip Code	
and the name of the initial regist	ered agent at that office is Paul	Larkin		•	
Article III: The mailing address of	of the limited liability company's in	itial principal office is			
2251 Smallhouse Rd		Bowling Green	KY	42104	
Street Address or Post Office Box Number		City Creen	State	Zip Code	
<b>3.136.7.11.1</b> .10.1		<b>-</b> -		·	
Article IV: The limited liability co	empany is to be managed by (mus	т спеск one):			
Article V: This application will be	e effective upon filing, unless a de	layed effective date a	nd/or time is pro	vided. The effective	
data or the delayed effective dat	e cannot be prior to the date the a	polication is filed. The	e date and/or tim	7/15/14	
date of the delayed effective date	e cannot be prior to the date the a	ppication is fied. The	c date and/or an	(Delayed effective date and/or time)	
I/We declare under penalty of pe	erjury under the laws of the state o	f Kentucky that the fo	regoing is true a	nd correct.	
/1/2/1/1//	Paul L			7/1/14	
Signature of Organizer	Printed Na	Printed Name & Title		Date	
Signature of Organizer	Printed Na	me & Title	· · · · · · · · · · · · · · · · · · ·	Date	
, Paul Larkin	, consent to	serve as the registered age	ent on behalf of the li	mited liability company.	
Print Name of Registered Agent		arkin	7/1/14		
Sindstyn of Basistand Again	Printed Na		Date		
Signature of Registered Agent	Printed Na	IIIIA	Date		

(01/12)