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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/21/2014 8:18 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 Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned a	applies to qualify and for th	at purpose submits th	e following statements
Article I: The name of the limited	liability company is			
Horizon Technology So	lutions LLC			
Article II: The street address of the	he limited liability com	pany's initial registered off	ice in Kentucky is	
252 Blue Lick Road		Berea	KY	40403
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that offic	<sub>e is</sub> Sherry Lynne S	chloemer	
-	•		<del></del>	· · · · · · · · · · · · · · · · · · ·
Article III: The mailing address of the limited liability cor				
252 Blue Lick Road		Berea	KY	40403
Street Address or Post Office Box Nun	nber	City	State	Zip Code
Article IV: The limited liability cor  A. a manager(s).  B. its member(s).	mpany is to be manag	ed by (must check one):		
Article V: This application will be	effective upon filing,	unless a delayed effective	date and/or time is pro	ovided. The effective
date or the delayed effective date	cannot be prior to the	e date the application is file	d. The date and/or ti	me is (Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws o	f the state of Kentucky that	the foregoing is true	and correct.
Show Schoomer		Sherry Lynne Schloemer, President		07/20/2014
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Sherry Lynne Schloem Print Name of Registered Agent	oener	_, consent to serve as the registe		limited liability company.
Signature of Registered Agent		Printed Name	Date	

(01/12)