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Alison Lundergan Grimes Kentucky Secretary of State

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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 Organizatio Limited Liability Comp			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to	qualify and for that pu	urpose submits the	following statements
Article I: The name of the limited	d liability company is			
Commonwealth Crafts	1792, LLC		2	
Article II: The street address of	the limited liability company's i	nitial registered office i	n Kentucky is	
134 E 25th St	Covington	Kentucky	41014	
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that office is Ch	ristopher Davis		
Article III: The mailing address of	of the limited liability company's	s initial principal office	is	
134 E 25th St		Covington	Kentucky	41014
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).				
Article V: This application will be	e effective upon filing, unless a	delayed effective date	and/or time is pro	
date or the delayed effective dat	e cannot be prior to the date th	e application is filed.	The date and/or tim	ne is $\frac{02/26/2014}{\text{(Delayed effective}}$
				date and/or time)
I/We declare under penalty of pe	orium, under the leave of the sta	to of Kontucky that the	foregoing is true a	nd correct
		istopher Davis,		02/26/2014
		Name & Title		Date
2 otto		th Wing, Vice President		02/26/2014
Signature of Organizer		d Name & Title		Date
Christopher Davis	7 .	at to serve as the registered		
Christopher Ila	76 C 1	istopher Davis		6/2014
Signature of Registered Agent	Printe	d Name	Date	*