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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/19/2016 1:06 PM

5/19/2016 1:06 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

~~	COIT MOITS MICE				
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liabili	ity Company		KLC	
Pursuant to KRS 14A and KRS	275, the undersigned	d applies to qualify and for that p	urpose submits th	e following statements:	
Article I: The name of the limite	d liability company is	S	Albertan Landson		
Article II: The street address of	the limited liability c	ompany's initial registered office	in Kentucky is	44050	
7666 Kentucky Highway 11		Maysville	KY	<u>41056</u>	
Street Address Only (No Post Office	Box Numbers)	City	State	Zip Code	
and the name of the initial regis	tered agent at that o	ffice is Michael Earls			
			ı is		
		ompany's initial principal office Maysville	Ky	41056	
7666 Kentucky Highw Street Address or Post Office Box N	-	City	State	Zip Code	
		ng, unless a delayed effective da o the date the application is filed.			
and the second second second	navium, under the law	vs of the state of Kentucky that th	ne foregoina is true	e and correct.	
	}	Michael Earls, Me	mber		
Signature of Organizer		Printed Name & Title		Date	
Signature of Organizer					
Signature of Organizer		Printed Name & Title		Date	
, Michael Earls		, consent to serve as the registered agent on behalf of the limited liability company.			
Print Name of Registered Agent	b)	Michael Earls			
Signature of Registered Agent	<u> </u>	Printed Name	Da	te	