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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orgai Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned a	oplies to qualify and for that po	urpose submits the	e following statements
Article I: The name of the limited	l liability company is			
SAS RESOURCES L	LC			
Article II: The street address of	he limited liability comr	nany's initial registered office i	n Kentucky is	
824 Euclid Ave Suite	· _ · · ·	Lexington	Ky	40502
Street Address Only (No Post Office B		City	State	Zip Code
- ·				·
and the name of the initial registered agent at that office is Stewart A Smith .				
Article III: The mailing address o	of the limited liability cor	npany's initial principal office	is	
824 Euclid Ave Suite	200	Lexington	Ky	40502
Street Address or Post Office Box Nu	nber	City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be manage	ed by (must check one):		
Article V: This application will be	e effective upon filing, u	nless a delayed effective date	and/or time is pro	vided. The effective
date or the delayed effective date	a connet ha prior to the	data the application is filed.	The data and/or tir	09/23/2011
date of the delayed effective date	e cannot be prior to the	uate the application is lifeu.	The date and/or th	(Delayed effective
1				date and/or time)
We declare under penalty of pe	Ł	Stewart A. Jmit	foregoing is true a	9/21/11
Signature of Organizer		Printed Name & Title	- .	Date '
Signature of Organizer	<u> </u>	Printed Name & Title		Date
Stewart A. Sn. H	_	, consent to serve as the registered	agent on behalf of the l	
Print Name of Registered Agent		Stewert A. In	ith 9	bili
Signature of Registered Agent		Printed Name	Date	