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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/24/2014 2:23 PM

COMMONWEALTH OF KENTUCKY Fee Receipt: \$40.00 ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort KY 40602

Articles of Organization Limited Liability Company **KLC**

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liabilit	у Сотграну		
Pursuant to KRS 14A and KRS 2	75, the undersigned	applies to qualify and for that pur	pose submits th	e following statement
Article I: The name of the limited Peppermintz Equine Consig				
Article II: The street address of the 6432 W HWY 146	ne limited liability cor	mpany's initial registered office in Crestwood	Kentucky is KY	40014
Street Address Only (No Post Office Bo and the name of the initial registe	والمستحدثات	city Mary Katherine Fahy ce is	State	Zip Code
Article III: The mailing address of 6432 W HWY 146	the limited liability c	company's initial principal office is Crestwood	KY	40014
Street Address or Post Office Box Num	ber	City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be	effective upon filing,	unless a delayed effective date a	and/or time is pro	ovided. The effective
date or the delayed effective date	cannot be prior to the	ne date the application is filed. The	he date and/or ti	me is (Delayed effective date and/or time)
I/We declare under penalty of per MA. Many K 7	jury under the laws o	of the state of Kentucky that the formal Ms. Mary Katherine Fah		and correct. 9/24/2014
Signature of Organizer	d	Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Ms. Mary Katherine Fahy		, consent to serve as the registered ag	gent on behalf of the	limited liability company.
Print Name of Registered Agent MA. May X	Tahy	Ms. Mary Katherine Fah		/2014
Signature of Registered Agent	7	Printed Name	Date	