

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 O Limited Liab	rganization ility Company		KLC
Pursuant to KRS 14A and KRS	275, the undersign	ed applies to qualify and for that p	ourpose submits the fo	llowing statements
Article I: The name of the limite	d liability company	is		
Churchill McGee of C	hio, LLC			
Article II: The street address of	the limited flability	company's initial registered office	in Kentucky is	
300 East Main Street	· ·	Lexington	Kentucky	40507
Street Address Only (No Post Office		City	State	Zip Code
and the name of the initial regis Article III: The mailing address		y company's initial principal office	e is	
1315-C West Main St	reet	Lexington	Kentucky	40508
Street Address or Post Office Box Ne	ımber	Clty	State	Zlp Code
Article IV: The limited liability of A. a manager(s). B. its member(s).	, ,		to and/or the a in manufac	dad. The attractive
		ng, unless a delayed effective da		
date or the delayed effective da	te cannot be prior to	the date the application is filed.	The date and/or time	(Dolayod effective date and/or fime)
I/We declare under penalty of p	erjury under the law	s of the state of Kentucky that th	e foregoing is true and	l correct.
Mrx XR		Patrick McGee, N	lember	12/24/13
ignature of Organizor		Printed Name & Title		Dalo
gnature of Organizer		Printed Name & Title		Date
Mason L. Miller		, consont to sorve as the registered	d agent on behalf of the limi	ted liability company.
Fine wante of Angleson and Agont	//L	Mason L. Miller	12/24	/13
Signature of Registered Agent		Printed Name	Date	

(01/12)