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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

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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 Organizat Limited Liability Com			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned applies	to qualify and for that p	urpose submits the	e following statements
Article I: The name of the limited	liability company is			
Button Bay, LLC				
Article II: The street address of the	he limited liability company's	s initial registered office	in Kentucky is	
1589 Wellesley Drive	Lexington	KY	40513	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office is K	im Leonardis		
Article III: The mailing address o	f the limited liability company	v's initial principal office	is	
1589 Wellesley Drive		Lexington	KY	40513
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability cor A. a manager(s). B. its member(s).	mpany is to be managed by	(must check one):		
Article V: This application will be	effective upon filing, unless	a delayed effective date	and/or time is pro	vided. The effective
date or the delayed effective date	cannot be prior to the date	the application is filed	The date and/or tin	06/23/2014
	to ano date	are approacion to mea.	The date and/or till	(Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws of the st	ate of Kentucky that the	foregoing is true a	nd correct.
Kim Leonardis	Kir	m Leonardis, Pre	esident	06/23/2014
Signature of Organizer		ed Name & Title		Date
Signature of Organizer	Print	ed Name & Title		Date
Kim Leonardis Print Name of Registered Agent	, conse	ent to serve as the registered	agent on behalf of the li	mited liability company.
		n Leonardis	6/23	/2014
Signature of Registered Agent		ed Name	Date	