

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 Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned a	applies to qualify and for that p	ourpose submits the f	ollowing statements
Article I: The name of the limited				
Article II: The street address of t	he limited liability com	pany's initial registered office	in Kentucky is	
Street Address Only (No Post Office B	ike Road Alt	t. 12 Louisville	KY	40205
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office is				
Article III: The mailing address of the limited liability company's initial principal office is				
Street Address or Post Office Box Nur			KV	40205
Street Address or Post Office Box Nur	nber	Louisville	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).				
Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective				
date or the delayed effective date	e cannot be prior to the	e date the application is filed.	The date and/or time	(Delayed effective date and/or time)
I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.				
Micah Chow Signature of Organizer	ning	MiCah Chomin Printed Name & Title	g. Managing Member	9/29/14 Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent	7	_, consent to serve as the registered	agent on behalf of the lim $\mathcal{A}/2a$	ited liability company.
Signature of Registered Agent	9	Printed Name	Date	119
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