

COMMONWEALTH OF KENTUCKY

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/1/2019 1:38 PM ALISON LUNDERGAN GRIMES, SECRETARY OF STATE Fee Receipt: \$40.00

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Articles of Organization Limited Liability Company

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is Images By Ookie. LLC

Article II: The street address of the limited liability company'	's initial registered off	fice in Kentucky is	
2224 Amboy Dr	Louisville	e Kentucky	40216
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office is _	Martez f	Hexander Sr.	

Article III: The mailing address of the limited liability company's initial principal office is

2224 Amboy Dr	Louisville	Kentucky	40216
Street Address or Post Office Box Number	City	State	Zip Code

Article IV: The limited liability company is to be managed by (must check one):

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 cannot be prior to the date the application is filed. The date and/or time is 21 1 119

Please indicate the county in which your bus	siness operates:			
county: Jefferson				
10 v 20000 Mit v 4	To complete the following, please shade the box completely.			
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: Women-Owned Veteran Owned			
Please indicate which of the following best t	lescribes your business:			
Agriculture Mining Wholesale Trade Retail Trade Public Administration Transportation Other	UServices Construction Manufacturing Finance, Insurance, Real Estate on, Communications, Electric, Gas, Sanitary Services			
I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.				
Marty Alexander	MARTER ALEXANDER 2/1/19 Printed Name & Title Date			
Signature of Organizer				
	MARKE ALEXANDER 2/1/19			
Signature of Organizer	Printed Name & Title Date			
1, MARTOZ ALEXANDER	, consent to serve as the registered agent on behalf of the limited liability company.			
Print Name of Registered Agent	11.11.12 11.1.10-0 2/1/19			
Signature St Pagistored Agent	MALTER ALEXANDER 2/1/19 Printed Name Date			

Signature of Registered Agent

rinted Name