

COMMONWEALTH OF KENTUCKY

ELAINE N. WALKER, SECRETARY OF STATE		
Division of Corporations Business Filings PO Box 718Articles of Orga Limited LiabilityFrankfort, KY 40602 (502) 564-3490 www.sos.ky.govwww.sos.ky.gov		KLC
Pursuant to KRS 14A and KRS 275, the undersigned a	pplies to qualify and for that purpo	ose submits the following statements:
Article I: The name of the limited liability company is <u>PCBINUESTM</u>	ENTS, LAC	
Article II: The street address of the limited liability com	pany's initial registered office in K	entucky is
7119 GRATE LANC	Louisville	KENTUCKU 40213
Street Address Only (No Post Office Box Numbers)	City	State Zíp Code
and the name of the initial registered agent at that office	e is DANICL MOL	TCOMPRY
Article III: The mailing address of the limited liability co	mpany's initial principal office is	(
P.D. Box 9561	LOUISUILLO	KOUTINKI 40209
Street Address or Post Office Box Number	City	State Zip Code
Article IV: The limited liability company is to be manager A. a manager(s). B. its member(s).	ed by (must check one):	
Article V: This application will be effective upon filing, u	inless a delayed effective date an	d/or time is provided. The effective
date or the delayed effective date cannot be prior to the	e date the application is filed. The	date and/or time is <u>4-1-11</u> 12.00 AN (Delayed effective date and/or time)
I/We declare under penalty of perjury under the laws of	the state of Kentucky that the for	egoing is true and correct.
1 42/20	DAVIEL MONTRI	meply MALLER 2-20-11
Signature of Organizer	Printed Name & Title Debokth & Self Printed Name & Title	- MQR <u>3-30-()</u> Date
I, DAVICL MONTGOMERY Print Name of Registered Agent	_, consent to serve as the registered agen	t on behalf of the limited liability company.
Signature of Registered Agent	DAVICH MOUTGON Printed Name	1924 <u>3-30-</u>]] Date
//	רווונכט וומוויכ	Date
(01/11)		