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Elaine N. Walker, Secretary of State

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## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

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		KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned applies to qualify and for that pu	rpose submits the	following statements:
Article I: The name of the limited	l liability company is		
Hudson Lexington Ac	quisition, LLC		
Article III. The atract address of t	he limited liability company's initial registered office in	Kantucky ie	
1055 Crossing Place	Madisonville	KY	42431
Street Address Only (No Post Office B		State	ZIp Code
	ered agent at that office is David Hudson		
Article III: The mailing address of the limited liability company's initial principal office is  1055 Crossing Place  Madisonville KY 42431			
1055 Crossing Place Street Address or Post Office Box Nui	Madisonville city	T\ T State	
	·	Otato	2.6 222
Article IV: The limited liability co	mpany 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 prov	rided. The effective
	•	-	
date or the delayed effective date	e cannot be prior to the date the application is filed. T	The date and/or lim	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the Aws of the state of Kentucky that the	foregoing is true aı	nd correct.
	Anne Underwood,		8/30/2011
Signature of Organizer	Printed Name & Title	<u> </u>	Date
Signature of Organizer	Printed Name & Title		Date
, David Hudson	annual Control of Marian Colored Control	cont on habelf of the ti-	nited liability semanary
Print Name of Registered Agent			
Ond 12 Ho	<u> </u>	David Hudson 8/30/	
Signature of Registered Agent	Printed Name	. Date	
(04/11)			