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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/7/2014 11:26 AM Fee Receipt: \$40.00



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 Organi Limited Liability C			KLC
Pursuant to KRS 14A and KRS	275, the undersigned app	olies to qualify and for that	purpose submits the	e following statements
Article I: The name of the limite	ed liability company is			
The Clarum Group, L	LC			
		anula initial registered offic	o in Kontucky is	
Article II: The street address of the limited liability compan		Hebron	KY	41048
1679 Grandview Drive Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
		•		
and the name of the initial regis	tered agent at that office	is		
Article III: The mailing address	of the limited liability com	pany's initial principal offic		
1679 Grandview Drive		Hebron	KY	41048
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability of A. a manager(s). B. its member(s).				
Article V: This application will b	e effective upon filing, un	lless a delayed effective da	ate and/or time is pro	ovided. The effective
date or the delayed effective da	ite cannot be prior to the	date the application is filed	I. The date and/or ti	me is (Delayed effective date and/or time)
I/We declare under penalty of p	erjury under the laws of t	he state of Kentucky that t	he foregoing is true	and correct.
QUINE TROUM		Julie Treon, Pres	sident	May 7. 2014
Signature of Organizer		Printed Name & Title		Date /
Signature of Organizer		Printed Name & Title		Date
Julie Treon		consent to serve as the register	ed agent on behalf of the	limited liability company.
Print Name of Registered Agent		Julie Treon		
Similar & Bagistard Agant		Printed Name	Date	May 7, 2014
Signature of Registered Agent				J