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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/19/2014 1:39 PM 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 Organization Limited Liability Company	KLC
Pursuant to KRS 14A and KRS	1 275, the undersigned applies to qualify and for that pur	pose submits the following statements:
Article I: The name of the limite	d liability company is	

Gourmet Baby LLC

Article II: The street address of the limited liability comp	any's initial registered office i	n Kentucky is	
104 Summerfield Court	Richmond	KY	40475
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office	<sub>is</sub> Nyckoletta C. Ma	rtin	
Article III: The mailing address of the limited liability cor	npany's initial principal office	is	10 175
104 Summerfield Court	Richmond	KY	40475
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be manage	ed 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 pro	ovided. I	he effective
date or the delayed effective date cannot be prior to the date the application is filed. The date and/or tir	me is 11	1/19/2014
date or the delayed effective date cannot be prior to the date the application is med. The date and of the	(De	layed effective
	date	e 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.

TAMA	Jared A. Martin, Membe	er 11/19/2014	
Signature of Organizer	Printed Name & Title	Date	
Signature of Organizer	Printed Name & Title	Date	
Nyckoletta C. Martin	, consent to serve as the registered agent on behalf of the limited liability company.		
Print Name of Registered Agent	Nyckoletta C. Martin	11/19/2014	
Signature of Registered Agent	Printed Name	Date	
(01/12)			