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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/22/2015 10:17 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 Organization Limited Liability Company	KLC
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		
CSa Propertie	s of Kentucky, Ll	C
	e limited liability company's initial registe	
12 122		
Street Address Only (No Post Office Bo	NUTCH Rd Eliza X Numbers) City O	State Zip Code
and the name of the initial register	ed agent at that office is	Hadon
Article III: The mailing address of the limited liability company's initial principal office is		
Street Address or Post Office Box Num	our Rd Eleals 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 1. 25.15 (Delayed effective date and/or time)		
I/We deelare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.		
(the	- Aaron Hi	gdon Member 1.20.15
Signature of Organizer	Printed Name & Title	Date
Signature of Organizer	Printed Name & Title	Date
Print Name of Registered Agent	, consent to serve as th	e registered agent on behalf of the limited liability company.
10th		gdon 1-20.15
Signature of Registered Agent	Printed Name	Date

(01/12)