

0899173.06

Fee Receipt: \$40.00

dcornish LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/9/2014 8:09 AM

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

PLC

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional	Limited Liability Comp	any		
Pursuant to KRS 14A and KI	RS 275, the undersigned	applies to qualify and for that	purpose submits th	ne following statements:	
Article I: The name of the pr	ofessional limited liability	company is			
Peace La	14				
				11 720 720	
		ed liability company's initial re			
Street Address Only (No Post Off	End	Corbin	KT	40701	
Street Address Only (No Post Off	ice Box Numbers)	City	State	Zip Code	
and the name of the initial re	gistered agent at that offi	ce is <u>LESSE 178</u>	190°C		
Article III: The mailing addre	ss of the professional lim	ited liability company's initial	principal office is		
		The second secon		40001	
147 Trails Street Address or Post Office Bo.	Number	Corbin	State	Zip Code	
Article V: The profession to		professional limited liability co	ompany:		
date or the delayed effective	date cannot be prior to the	unless a delayed effective dance date the application is filed of the state of Kentucky that t	I. The date and/or t	ime is (Delayed effective date and/or time)	
/ //	^	Jesse Pe		10/8/14	
Signature of Organizer		Printed Name	Date		
Signature of Organizer		Printed Name	Date	Date	
Signature of Organizer		Printed Name	Date		
Print Name of Registered Agen	e	_, consent to serve as the register	-	e limited liability company.	
Signature of Registered Agent		Printed Name	Date	70/19	