

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organ			KLC	
PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability (Jompany			
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	plies to qualify and for that p	purpose submits the folk	owing statements	
Article I: The name of the limited	d liability company is				
Good Books Accounti					
Article III. The street address of	the limited linkility come	and initial registered office	in Kantualaria		
Article II: The street address of the limited liability comp 1817 Old Paris Road		Lexington	Kentucky	40505	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
		•	State	Zip Gode	
and the name of the initial regist	ered agent at that office				
Article III: The mailing address o			e is		
1817 Old Paris Road		Lexington	Kentucky	40505	
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be manage	d by (must check one):			
Article V: This application will be	e effective upon filing, ur	nless a delayed effective da	te and/or time is provide	d. The effective	
data antha dalawad affaatiwa dat		data tha annliantion is filed	The data and/antimes is	02/17/2014	
date or the delayed effective dat	e cannot be prior to the	date the application is filed.	The date and/or time is	(Delayed effective date and/or time)	
	_			,	
I/We declare under penalty of pe	erjury under the laws of t	•			
July Carolier		Julie Caudill / Mar	nager C	02/17/2014	
Signature of Organizer		Printed Name & Title	D	ate	
Signature of Organizer		Printed Name & Title	Di	ate	
, Julie Caudill	-	, consent to serve as the registered	d agent on behalf of the limited	l liability company.	
Print Name of Registered Agent	1.0110:	Julie Caudill	02/17/2		
Signature of Registered Agent		Printed Name	Date		

(01/12)