

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490

Articles of Organization Limited Liability Company

KLC

(502) 564-3490 www.sos.ky.gov			
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		Factorial and	Statements
JJE Investments L.	L.C.		
Article II: The street address of the limited liability com		e in Kentucky is	
2859 S 1 IN Tourk	R. CI	V	/12011
Street Address Only (No Post Office Box Numbers)	City	State	<u> </u>
and the name of the initial registered agent at that office	ceis Jamie Sh	naw Marksbi	ury .
Article III: The mailing address of the limited liability co			
2859 S L+N Tumpile Street Address or Post Office Box Number	Buffalo	KV	42711-
Street Address or Post Office Box Number	City	State	<u>40 116</u> . Zip Code
Article IV: The limited liability company is to be manag	ged by (must check one):		
A. a manager(s).			
X B. its member(s).			
Article V: This application will be effective upon filing, u	unless a delayed effective dat	e and/or time is provi	ded. The effective
date or the delayed effective date cannot be prior to the			, ,
			(Delayed effective date and/or time)
I/We declare under penalty of perjury under the laws of	the state of Kentucky that the	e foregoing is true and	d correct.
Samu Mater			
Signature of Organizer	Printed Name & Title	3 LSBURY, MEMBER	
Signature of Organizer			3
organizer	Printed Name & Title		Date
Print Name of Registered Agent	_, consent to serve as the registered	agent on behalf of the limi	ted liability company.
Same En aw Monto	Jamie Show Mar	-ksbury 3/	4/14
Signature of Registered Agent	Printed Name	Date	