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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/12/2014 1:07 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 Organiza Limited Liability Co	ompany			KLC
Pursuant to KRS 14A and KRS	275, the undersigned appli	es to qualify an	d for that purp	ose submits the	following statements:
Article I: The name of the limited	d liability company is				
JCML PROPER	ries uc				
Article II: The street address of		į.			110.175
114 WHITTINGTON CIRCLE Street Address Only (No Post Office Box Numbers)		RICHI	nond	K.Y	40475 Zip Code
					Zip Code
and the name of the initial regist	ered agent at that office is	JAMES	DAUGHE	EKIY	
Article III: The mailing address	of the limited liability comp	any's initial prin	cipal office is		
114 WHITTINGTON	URUE	RICHI	MOND	KY	40475
Street Address or Post Office Box Nu	mber	City		State	Zip Code
Article IV: The limited liability contains A. a manager(s). B. its member(s).	ompany is to be managed l	oy (must check	one):		
Article V: This application will b	e effective upon filing, unle	ess a delayed ef	fective date a	nd/or time is prov	ided. The effective
date or the delayed effective da	te cannot be prior to the da	ate the application	on is filed. Th	e date and/or tim	e is (Delayed effective date and/or time)
I/We declare under penalty of p	erjury under the laws of the	e state of Kentu	cky that the fo	regoing is true ar	nd correct.
101		James DA	UGHERTY	, member	8.12.14
Signature of Organizer	P	rinted Name & Tit	le	,	Date
Signature of Organizer	P	rinted Name & Tit	le -		Date
Print Name of Registered Agent	y , o	onsent to serve as	the registered age	ent on behalf of the lir	nited liability company.
Signature of Registered Agent		JAMES DA	ugherty	Date	2.14
Cigiratale of traditioned Chair	•	T			

(01/12)