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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

11/12/2013 4:24 PM Fee Receipt: \$40.00

## **COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**Division of Business Filings** 

Articles of Organization

VIC

Business Filings	Limited Liability Company		KLC
PO Box 718 Frankfort, KY 40602	Elimica Elability Company		
(502) 564-3490			
www.sos.ky.gov			
Pursuant to KRS 14A and KRS 2	75, the undersigned applies to qualify and	d for that purpose submits	the following statements:
Article I: The name of the limited	liability company is		
JL Moore LLC			
Article II: The street address of t	ne limited liability company's initial registe	red office in Kentucky is	
5806 Grandel Blvd	Louisy	No. annu Pro	40258
Street Address Only (No Post Office B	ox Numbers) City	State	Zip Code
and the name of the initial registe	red agent at that office is Jason L M	oore	
Article III: The mailing address o	f the limited liability company's initial princ	cipal office is	
5806 Grandel Blvd	Louisv	•	40258
Street Address or Post Office Box Num	nber City	State	Zip Code
Article IV: The limited liability cor  A. a manager(s).  B. its member(s).	npany is to be managed by (must check o	one):	
Article V: This application will be	effective upon filing, unless a delayed eff	ective date and/or time is	provided. The effective
			12/01/2012
date of the delayed effective date	cannot be prior to the date the applicatio	n is filed. The date and/o	(Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws of the state of Kentuc	ky that the foregoing is tru	ue and correct.
Of Man	Jason L Mo	ore	11/12/2013
Signature of Organizer	Printed Name & Title	)	Date
Signature of Organizer	Printed Name & Title	!	Date
Jason L Moore	. consent to serve as th	e registered agent on behalf of t	the limited liability company
Print Name of Registered Agent	Jason L Mo		1/12/2013
Signature of Registered Agent	Printed Name	Da	