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Alison Lundergan Grimes Kentucky Secretary of State

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

| Division of Business Filings<br>Business Filings<br>PO Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Articles of Organization<br>Limited Liability Company |  |                         | KLC                                   |  |
|---|---|--|-------------------------|---------------------------------------|--|
| Pursuant to KRS 14A and KRS   | 275, the undersigned                                  | applies to qualify and for that put  | rpose submits the       | e following statements                |  |
| Article I: The name of the limite   | ed liability company is                               |  |                         |                                       |  |
| Blue Lagoon Tanning   | & Boutique L  | LC   |                         |                                       |  |
| Article II: The street address of   | the limited liability cor                             | mpany's initial registered office in   | Kentucky is             |                                       |  |
| 3375 Devils   | Sandy Hook  | KY   | 41171                   |                                       |  |
| Street Address Only (No Post Office   |   | City   | State                   | Zip Code                              |  |
| and the name of the initial regis   | tered agent at that offi                              | Felicia Howard   |                         |                                       |  |
|   |   |  | 74:                     | · · · · · · · · · · · · · · · · · · · |  |
|   | - 10.   | company's initial principal office is  |                         |                                       |  |
| 3375 Devils Fork Roa  | Sandy Hook  | KY   | 41171                   |                                       |  |
| Street Address or Post Office Box Number  |   | City   | State                   | Zip Code                              |  |
| Article IV: The limited liability of A. a manager(s).  B. its member(s).  | ompany is to be mana                                  | ged by (must check one):   |                         |                                       |  |
| Article V: This application will b  | e effective upon filing,                              | unless a delayed effective date  | and/or time is pro      | vided. The effective                  |  |
|   |   | ne date the application is filed. T  |                         | (Delayed effective date and/or time)  |  |
| I/We declare under penalty of p   | erjury under the laws                                 | of the state of Kentucky that the f  |                         |                                       |  |
| Shannon Thompson  |   | Shannon Thompson   | n                       | 05/09/2014                            |  |
| Signature of Organizer  |   | Printed Name & Title   |                         | Date                                  |  |
| Signature of Organizer  |   | The state of the s |                         | THE SERVICE FRA                       |  |
|   |   | Printed Name & Title   |                         | Date                                  |  |
| , Felicia Howard  |   | , consent to serve as the registered ag  | ent on behalf of the li | imited liability company              |  |
| Print Name of Registered Agent  |   |  |                         | 05/09/2014                            |  |
| Signature of Registered Agent   |   | Felicia Howard   |                         | 9/2014                                |  |
| organization of registered Agent  |   | r inteu name   | Date                    |                                       |  |