

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 Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	1 275, the undersigned a	pplies to qualify and for that purpo	ose submits t	he following statements
Article I: The name of the limited	d liability company is			
Viehhalter Properties				
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	pany's initial registered office in K		41015	
10324 Decoursey Pike		Ryland Heights		
Street Address Only (No Post Office E	3ox Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that offic	_{e is} Alan R. Nageleisen		
Article III: The mailing address of			I/V	41015
10324 Decoursey Pike	Ryland Heights	KY		
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be manag	ed by (must check one):		
Article V: This application will be	ອ effective upon filing, ເ	unless a delayed effective date an	d/or time is p	rovided. The effective
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a senant ha prior to the	e date the application is filed. The	date and/or	time is 5/22/14
date or the delayed effective date	e cannot be prior to the	s date the application is filed. The	adic anaron	(Delayeu ellective
				date and/or time)
IAMe declare under penalty of pe	eriury under the laws of	f the state of Kentucky that the for	egoing is true	e and correct.
1. 17 10/	L.	Alan R. Nageleisen	<u>.</u>	5/22/14
May 11. 1 age		Printed Name & Title	· · ·	Date
Signature of Organizer Signature of Organizer Signature of Organizer		Barbara L. Nageleisen		5/22/14
		Printed Name & Title	· ·	Date
, Alan R. Nageleisen		_, consent to serve as the registered ager	it on behalf of th	ne limited liability company.
Print Name of Registered Agent	<u></u>	Alan R. Nageleisen		22/14
Signature of Registered Agent		Printed Name	Dat	9