



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 Organization Limited Liability Company	KLC
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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  
La Va Vixens

Article II: The street address of the limited liability company's initial registered office in Kentucky is  
1433 South Shelby Street City Louisville State KY Zip Code 40217  
Street Address Only (No Post Office Box Numbers)

and the name of the initial registered agent at that office is Alisa H. Frye  
Article III: The mailing address of the limited liability company's initial principal office is  
(Same as above)

Street Address or Post Office Box Number City State Zip Code

Article IV: The limited liability company is to be managed by (must check one):

☒ A. a manager(s).  
☐ B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 7/24/14  
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Organizer [Signature] Printed Name & Title Alisa H. Frye President Date 7/24/14

Signature of Organizer \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date \_\_\_\_\_  
1. \_\_\_\_\_ consent to serve as the registered agent on behalf of the limited liability company.  
Print Name of Registered Agent \_\_\_\_\_  
Signature of Registered Agent [Signature] Printed Name Alisa H. Frye Date 7/24/14  
(01/12)