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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/8/2014 12:43 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organization			KLC
PO Box 718 Frankfort, KY 40602	Littliced Liability Comp	dily		
(502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	1 275, the undersigned applies t	o qualify and for that p	urpose submits the	following statements
Article I: The name of the limited	d liability company is			
SMK Epicurean, LLC				
Article II: The street address of t	the limited liability company's i	nitial registered office	in Kentucky is	
8321 E. Main Street		Alexandria	KY	41001
Street Address Only (No Post Office B	Box Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office is Do	nald Scott Chic	helli	
Article III: The mailing address of	of the limited liability company	s initial principal office	is	
8321 E. Main Street		Alexandria	KY	41001
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co	mpany is to be managed by (r	nust 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 pro	vided. The effective
date or the delayed effective date	e cannot be prior to the date th	e application is filed.	The date and/or tin	ne is
				(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of the sta	te of Kentucky that the	foregoing is true a	nd correct.
16/1//	Dor	ald Scott Chich	elli, Member	4-24-14
Signature of Organiser		Name & Title		Date
1) Argaret (1)	garet Chichelli,	Member		
Signature of Organizer	Printed	l Name & Title		Date
, Donald Scott Chicelli	, consen	t to serve as the registered	agent on behalf of the li	mited liability company.
Print Name of Registered Agent		ald Scott Chiche	elli «	4-24-14
Signature of Registered Agent	<i>)</i>	i Name	Date	