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	COMMONWEALTH ALISON LUNDERGAN GRIM	OF KENTUCKY		Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/28/2015 12:00 AM Fee Receipt: \$90.00
	ALISON LUNDERGAN CT	23, 01		
	the Authonly			,
sion of Business Filings siness Filings	(Foreign Busiliese -	ity)		
Box 718 ankfort, KY 40602 02) 564-3490		d 286 the undersigned hereby	applies for au	thority to transact business in Kentucky onal service corporation (KRS 274).
ursuant to the provisions of KRS 14A and help an	and KRS 2/1B, 213, 21, 1, 21, 1, 21, 1, 21, 1, 21, 1, 21, 1, 21, 1, 21, 1, 21, 1, 21, 1, 21, 2	ing statements. it corporation (KRS 273).	professio	onal service corporation (KRS 274). onal limited liability company (KRS 275).
. The entity is a : D profit con business	poration (KRS 271B). nonprofi trust (KRS 386). limited li	iability company (KRS 275).		
	LUD BAYFIEL	2 4 ASSOCIAT	ES IVIO	
2. The name of the entity is(The name n	artnership (KRS 362). <u>AUD RAYFIEL</u> must be identical to the name on record	with the Secretary of State.)		
	Kantusky is (if applicable).	" in unavailable	e for use, vuici	wise, leave blank.)
 The name of the entity to be used in The state or country under whose li 	the entity is organized is Pe	ns.4cola Flor	210A	
The state or country under whose la	aw the entity is organized to	i duration	is	to be followation
5. The date of organization is	111977			(If left blank, the period of duration is considered perpetual.)
6. The mailing address of the entity's	principal office is		FLORID	A 32506
12480 SERATIN Street Address	E Ar Fer	ns,4 cola City	State	Zip Code
7. The street address of the entity's r	egistered office in Kentucky is	Lexington	KY	40509
2716 Old Rosebud, STE 2 Street Address (No P.O. Box Numbers)	201A	City	State	Zip Code
Street Address (No P.O. Box Numbers) and the name of the registered agent	t at that office is REGISTERED	AGENTS INC.		
and the name of the registered agent8. The names and business address	es of the entity's representatives (sec	cretary, officers and directors, r	managers, trus	stees or general partners):
8. The names and business address		Paradola	Flore	IDA 32506
TINA RAYField	Street or P.O. Box	City	State	Zip Code
Name	Dillog Sand	Re carola	F102	10a 32506
Rame Johnson	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
and treasurer are licensed in one or in statement of purposes of the corpora 10. I certify that, as of the date of filir	more states or territories of the United	entity validly exists under the la	aws of the juris	
and treasurer are licensed in one or i statement of purposes of the corpora 10. I certify that, as of the date of filin 11. If a limited partnership, it elects	more states or territories of the Onlied ation. ng this application, the above-named of	entity validly exists under the la nership. Check the box if ap	aws of the juris	sdiction of its formation.
and treasurer are licensed in one or i statement of purposes of the corpora 10. I certify that, as of the date of filin 11. If a limited partnership, it elects 12. This application will be effective of The effective date or the delayed effective	more states or territories of the Online ation. Ing this application, the above-named of s to be a limited liability limited partr upon filing, unless a delayed effective fective date cannot be prior to the date	entity validly exists under the la nership. Check the box if ap a date and/or time is provided. e the application is filed. The d	aws of the juris oplicable:	sdiction of its formation. le is (Delayed effective date and/or time)
and treasurer are licensed in one or i statement of purposes of the corpora 10. I certify that, as of the date of filin 11. If a limited partnership, it elects	more states or territories of the Online ation. Ing this application, the above-named of s to be a limited liability limited partr upon filing, unless a delayed effective fective date cannot be prior to the date	entity validly exists under the la nership. Check the box if ap	aws of the juris oplicable:	sdiction of its formation. le is (Delayed effective date and/or time)
and treasurer are licensed in one or i statement of purposes of the corpora 10. I certify that, as of the date of filin 11. If a limited partnership, it elects 12. This application will be effective of The effective date or the delayed effective	more states or territories of the United ation. ng this application, the above-named of s to be a limited liability limited partr upon filing, unless a delayed effective ective date cannot be prior to the date s INC.	entity validly exists under the la nership. Check the box if ap e date and/or time is provided. e the application is filed. The d Kyle Johnson F Printed Name & Title	aws of the juris oplicable:	sdiction of its formation. le is (Delayed effective date and/or time)

and and and all and