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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/3/2012 2:06 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Company		KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to qualify and for the	hat purpose submits t	he following statements:
Article I: The name of the limited	d liability company is		
Time Changers LLC			•
Article II: The street address of	the limited liability company's initial registered of		40400
569 Knox Blvd	Radcliff	KY	40160
Street Address Only (No Post Office E		State	Zip Code
and the name of the initial registe	ered agent at that office is Desiree Martir	I ,	
Article III: The mailing address of	of the limited liability company's initial principal o	office is	
569 Knox Blvd	Radcliff	KY	40160
Street Address or Post Office Box Nu	mber City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be	empany is to be managed by (must check one): e effective upon filing, unless a delayed effective e cannot be prior to the date the application is fi		04/03/2012
100/- destaura condensaria de no	erjury under the laws of the state of Kentucky tha	at the foregoing is true	and correct
I/vve deciare inder penalty of pe	Desiree Martin,		04/03/2012
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
Desiree Martin	, consent to serve as the regis	stered agent on behalf of th	e limited liability company.
Print Name of Registered Agent	Desiree Martin	04	/03/2012
Signature of Registered Agent	Printed Name	Date	9

(01/12)