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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 1/7/2013 1:25 PM

Fee Receipt: \$40.00



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 Organiz Limited Liability Co			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned appl	ies to qualify and for that p	ourpose submits th	e following statements:
Article I: The name of the limited	d liability company is			
Club Swim Show LL	_C			
Article II: The street address of	the limited liability compar	ny's initial registered office	in Kentucky is	
504 W Main Street		Wilmore	KY	40390
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that office is	Daniel Bowmar	ì	
			, io	
Article III: The mailing address of the limited liability company's		Wilmore	KY	40390
504 W Main Street Street Address or Post Office Box Nu		City	State	
Article IV: The limited liability contains A. a manager(s). B. its member(s). Article V: This application will be			te and/or time is pr	ovided. The effective
date or the delayed effective dat	e cannot be prior to the da	ate the application is filed.	The date and/or t	(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.				
Daniel Brim		Daniel Bowman		1-7-2013
Organization of organization		Printed Name & Title		
Minney Si		Jennifer Silver		1-7-2013
Signature of Organizer	F	Printed Name & Title		Date
Daniel Bowman	, c	consent to serve as the registered	d agent on behalf of the	limited liability company.
Print Name of Registered Agent		Daniel Bowman	1-7	'-2013
Signature of Registered Agent	F	Printed Name	Date	