

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organizati Limited Liability Com			KLC	
Pursuant to KRS 14A and KRS	275, the undersigned applies	to qualify and for that purpo	se submits the fo	ollowing statements	
Article I: The name of the limited	d liability company is				
Camjac Ventures, LL					
Article II: The street address of	the limited liability company's			10700	
92 Kevins Way	Somerset	KY	42503		
Street Address Only (No Post Office E		City	State	Zip Code	
and the name of the initial regist	ered agent at that office is N	lichael Joyce			
Article III: The mailing address of					
PO Box 3446	or the inflited hability compan,	West Somerset	KV	42564	
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability contains A. a manager(s). B. its member(s). Article V: This application will be			d/or time is provi	ded. The effective	
				8-7-2014	
date or the delayed effective dat	le cannot be prior to the date	the application is filed. The	date and/or time	(Delayed effective date and/or time)	
I/We declare under penalty of pe	erjury under the laws of the st	ate of Kentucky that the fore	egoing is true and	d correct.	
muchant Ol	- N.4	chael J Joyce		8-7-2014	
Signature of Organizer		ed Name & Title		Date	
Signature of Organizer	Print	ed Name & Title		Date	
Michael J Joyce Print Name of Registered Agent	, cons	ent to serve as the registered agen	t on behalf of the limi	ted liability company.	
		chael J Joyce	8-7-2	8-7-2014	
Signature of Registered Agent	Print	ed Name	Date		

(01/12)