

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Corporations 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	75, the undersigned applies to qualify and for that	t purpose submits the following statements
Article I: The name of the limited	liability company is Ty Company LLC	
Article II: The street address of t	he limited liability company's initial registered offic	te in Kentucky is
Street Address Only (No Post Office B	ox Numbers) City	State Zip Code
and the name of the initial registe	ered agent at that office is Scot Ken	kel
Article III: The mailing address of CATORS Street Address or Post Office Box Nur	f the limited liability company's initial principal office	ce is all you you ?
Article IV: The limited liability col A. a manager(s). B. its member(s).	mpany is to be managed by (must check one):	
Article V: This application will be	effective upon filing, unless a delayed effective d	ate and/or time is provided. The effective
date or the delayed effective date	e cannot be prior to the date the application is filed	d. The date and/or time is (Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of the state of Kentucky that t	——————————————————————————————————————
Signature of Organizer	Scott Kenkel Printed Name & Title	OREGANIZER 130 H
Signature of Organizer	Printed Name & Title	Date
Print Name of Registered Agent	consent to serve as the register	red agent on behalf of the limited liability company.