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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/30/2013 7:39 AM

Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organizat Limited Liability Com			KLC
PO Box 718 Frankfort, KY 40602	Limited Liability Con	iparry		
(502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	l 275, the undersigned applies	to qualify and for that purp	ose submits th	e following statements
Article I: The name of the limited	d liability company is			
Jan's Pottery LLC				
Article II: The street address of	the limited liability company's	initial registered office in h	Kentucky is	
50 Altamont Ct		Fort Thomas	KY	41075
Street Address Only (No Post Office E		City	State	Zip Code
and the name of the initial regist	ered agent at that office is $\underline{\sf J}$	anice McDonnold		
Article III: The mailing address of				
50 Altamont Ct		Fort Thomas	KY	41075
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co	mpany is to be managed by	(must check one):		
A. a manager(s).				
B. its member(s).				
Article V: This application will be	e effective upon filing, unless	a delayed effective date a	nd/or time is pr	ovided. The effective
date or the delayed effective date	e cannot be prior to the date	the application is filed. The	e date and/or ti	me is
	·			(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 fo	regoing is true	and correct.
Vonese Wildensold		nice McDonnold,	owner	7/29/2013
Signature of Organizer	Print	ted Name & Title		Date
	annianing sandaning and an annianing and a			
Signature of Organizer	Print	ted Name & Title		Date
Janice McDonnold	, cons	ent to serve as the registered age	ent on behalf of the	limited liability company.
Print Name of Registered Agent	01	Taxing 1 kellow	1 1 7/2	9/2013
Signature of Registered Agent	Print	ded Name	Date	J, 10 10
(01/12)				