

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 Organ Limited Liability (KLC
Pursuant to KRS 14A and KRS	275, the undersigned ap	olies to qualify and for that p	urpose submits	s the following statement
Article I: The name of the limited		,,,,,	a.pooo oabiiiid	statement
Prime Sports LLC	d liability company is			
Timo Oporto ELO				
Article II: The street address of	the limited liability compa	any's initial registered office	in Kentucky is	
8531 Woodcreek Dr	Florence	KY	41042	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office	Richard West		,
Article III: The mailing address of	of the limited liability com		is	
2027 Elmsford Ave		Springfield	OH	45506
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s). Article V: This application will be			e and/or time is	provided. The effective
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date or the delayed effective date				(Delayed effective date and/or time)
I/We declare under penalty of pe	riury under the laws of th	e state of Kentucky that the	foregoing is tru	ue and correct.
119/16/0		Chris Williams, Manager		8/30/2013
		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Richard West				
Print Name of Registered Agent		consent to serve as the registered a	agent on behalf of t	the limited liability company.
THU W		Richard West	8/	30/2013
Signature of Registered Agent		Printed Name	Da	te

Printed Name

Date

(01/12)