Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Pursuant to KRS 14A and KRS 275, the undersigned	I applies to qualify and for that pur	pose submits t	he following statements
Article I: The name of the limited liability company is			
Groupstitution, LLC			
Article II: The street address of the limited liability co			
2716 Old Rosebud STE 201A	Lexington	KY	40509
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that of	<sub>fice is</sub> Registered Agents	Inc.	
Article III: The mailing address of the limited liability			
470 Case Lane	Crittenden	KY	41030
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be mana	aged by (must check one):		
A. a manager(s).			
B. its member(s).			
Article V: This application will be effective upon filing	, unless a delayed effective date a	and/or time is p	rovided. The effective
	•	•	
date or the delayed effective date cannot be prior to	the date the application is filed. The	ne date and/or	(Delayed effective
			date and/or time)
I/We declare under penalty of perjury under the laws	of the state of Kentucky that the fo	oregoing is true	and correct.
ante a And	Nathan Noel - CEO		7/14/2014
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
Registered Agents Inc.	, consent to serve as the registered ag	ent on behalf of th	e limited liability company.
Print Name of Registered Agent			
Signature of Registered Agent	Dan Keen - Preside	TIL //I	1/2014
orginature or negratered Agent	I HITTOU WAITE	Date	7.

(01/11)