0898486.06



Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/1/2014 7:48 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490	Articles of Orga Limited Liability			KLC
www.sos.ky.gov				i i
Pursuant to KRS 14A and KRS	275, the undersigned a	oplies to qualify and for that pu	urpose submits the	e following statements
Article I: The name of the limited	d liability company is			
O'Sullivan's Electronic	cs, LLC			
Article II: The street address of	the limited liability com	oanv's initial registered office i	n Kentucky is	
3857 Barnard Drive		Lexington	KY	40509
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist	ered agent at that office	_{a is} Dena Sullivan Sm	hith	
Article III: The mailing address of				
3857 Barnard Drive		Lexington	KY	40509
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co	mpany is to be manage	ed by (must check one):		
A. a manager(s).				
	j.			
B. its member(s).				
Article V: This application will be	e effective upon filing, u	nless a delayed effective date	and/or time is pro	
date or the delayed effective dat	e cannot be prior to the	date the application is filed.	The date and/or tir	
	P ,			(Delayed effective date and/or time)
I/We declare under penalty of pe	tiurs under the laws of	the state of Kentucky that the	foregoing is true :	and correct
		James Michael Sm		9/30/2014
Signature of Organizer		Printed Name & Title		
Signature of Organizer		Printed Name & Title		Date
Dena Sullivan Smith	ξi.	, consent to serve as the registered a	agent on behalf of the I	limited liability company.
Print Name of Registered Agent	111	Dena Sullivan Smit	-)/2014
Signature of Registered Agent	NAMIA	Printed Name	Date	

)

(01/12)