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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/1/2014 8:18 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 www.sos.ky.gov	Articles of Organizati Limited Liability Com			KLC
Pursuant to KRS 14A and KRS	275, the undersigned applies	to qualify and for that p	ourpose submits th	e following statements
Article I: The name of the limite	d liability company is			
Summat, LLC	145 p			
Article II: The street address of	the limited liability company's	initial registered office	in Kentucky is	
12011 Parkland Court		Louisville	KY	40243
Street Address Only (No Post Office Box Numbers)		City	State,	Zip Code
and the name of the initial regis	tered agent at that office is	risti A Fowle		
		de initial eximales (effect		
Article III: The mailing address of the limited liability con		Louisville	KY	40243
504 Cherry Point Dr Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability of A. a manager(s). B. its member(s).	ompany is to be managed by (must check one).		
Article V: This application will b	e effective upon filing, unless	a delayed effective dal	e and/or time is pro	ovided. The effective
date or the delayed effective da	te cannot be prior to the date t	the application is filed.	The date and/or ti	me is (Delayed effective date and/or time)
(We declare under penalty of p	erjury under the laws of the sta	ate of Kentucky that th	e foregoing is true	and correct.
MASS	Ma	ark E Derridinge	er, Owner	10/27/2014
Signature of Organizer	Print	ed Name & Title	·	Date
Signature of Organizer	Print	ed Name & Title		Date
Cristi A Fowle	ronge	ant to serve as the registered	I agent on behalf of the	limited liability company.
Print Name of Registered Agent Oust a Jew	0	sti A Fowle		27/2014
Signature of Registered Agent	Print	ed Name	Date	***************************************