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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/13/2015 9:09 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 Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	<u> </u> 275, the undersigned a	applies to qualify and for that p	urpose submits th	ne following statements
Article I: The name of the limited	d liability company is			-
TStatts Investments L				
Article II: The street address of t			•	400 45
4104 Woodmont Park		Louisville	KY	40245
Street Address Only (No Post Office B	Box Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that offic	_{e is} _Timothy S. Statts		
Article III: The mailing address of	of the limited liability co	omnany's initial principal office	ie	
4104 Woodmont Park		Louisville	KY	40245
Street Address or Post Office Box Number		City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be	effective upon filing,	unless a delayed effective date	and/or time is pr	ovided. The effective
			•	
date or the delayed effective date	e cannot be phor to the	e date the application is filed.	i ne date and/or ti	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of	f the state of Kentucky that the	foregoing is true	and correct.
		Timothy S. Statts	Timothy S. Statts	
Signature of Organizer		Printed Name & Title	······································	Date
Signature of Organizer		Printed Name & Title	**************************************	Date
Timothy S. Statts		concept to copie on the registered	gant on hat alf af "	Donates at the bittle
Print Name of Registered Agent		consent to serve as the registered agent on behalf of the limited liability company.		
~ 1 (X)		Timothy S. Statts	7-10	0-2015
Signature of Registered Agent		Printed Name	Date	