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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/3/2014 3:28 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Street Address Only (No Post Office Box Numbers) and the name of the initial registered agent at that office is Robert J. Orndorff Article III: The mailing address of the limited liability company's initial principal office is 11100 Indian Legends Dr. #102 Louisville KY 40 Street Address or Post Office Box Number City State Zip of Article IV: The limited liability company is to be managed 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 and/or time is provided. The effective or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 1/3/2014 [Delayed effective date and/or time is Printed Name & Title Nedectale under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Robert J. Orndorff, Member 1/3/2014 Printed Name & Title Date Robert J. Orndorff Printed Name & Title Date	ALI	SON LUNDERG	AN GRIMES, SECRETARY	OF STATE	
Article II: The street address of the limited liability company's initial registered office in Kentucky is 11100 Indian Legends Dr. #102 Street Address Only (No Post Office Box Numbers) and the name of the initial registered agent at that office is Article III: The mailing address of the limited liability company's initial principal office is 11100 Indian Legends Dr. #102 Louisville KY 402 Article III: The mailing address of the limited liability company's initial principal office is 11100 Indian Legends Dr. #102 Louisville KY 40 Street Address or Post Office Box Number City State Zip Article IV: The limited liability company is to be managed 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 and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 1/3/201 Collayed effective date cannot be prior to the state of Kentucky that the foregoing is true and correct. Robert J. Orndorff, Member 1/3/2014 Signature of Organizer Printed Name & Title Date Robert J. Orndorff Printed Name & Title Date	Business Filings PO Box 718 Frankfort, KY 40602 502) 564-3490				KLC
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Article IV: The limited liability company's initial registered office in Kentucky is A a manager(s). A a manager(s). A ticle V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective of the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 1/3/2014. A consent J. Orndorff, Member I Me declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Robert J. Orndorff, Member I Me declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Robert J. Orndorff, Member I Member J. Orndorff, Member J. Onte Member Date Robert J. Orndorff, Member Date Robert J. Orndorff, Member Date Printed Name & Title Date					
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Robert J. Orndorff, consent to serve as the registered agent on behalf of the limited liability compa	Signature of Organizer		Printed Name & Title		Date
			consent to serve as the registered	agent on behalf of the li	mited liability company.
		111	Robert J. Orndorff		
Signature of Registered Agent Printed Name Date		11/11/	THE STATE OF THE PARTY OF THE P	Date	
(01/12)	Standing of Registered Agent	191	Printed Name		