



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

ALI	SON 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 Organ Limited Liability (			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned ap	plies to qualify and for that pu	rpose submits the fo	llowing statements
Article I: The name of the limited				
Cedar Ridge Solutions				
Article II: The street address of to 700 Ferris Fork Road		any's initial registered office in Burkesville	Kentucky is  Kentucky	42717
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial register	ered agent at that office	Kerri Whitaker		
Article III: The mailing address o	of the limited liability com	pany's initial principal office is	S	
700 Ferris Fork Road		Burkesville	Kentucky	42717
Street Address or Post Office Box Nun	nber	City	State	Zip Code
Article IV: The limited liability con  A. a manager(s).  B. its member(s).	mpany is to be managed	by (must check one):		
Article V: This application will be	effective upon filing, un	less a delayed effective date	and/or time is provid	ed. The effective
date or the delayed effective date	e cannot be prior to the	date the application is filed. T	he date and/or time	(Delayed effective date and/or time)
I/We declare under penalty of per	rjury under the laws of the	he state of Kentucky that the Kerri Whitaker / Ow		correct. 04/27/2014
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Kerri Whitaker		consent to serve as the registered agent on behalf of the limited liability company.		

Kerri Whitaker

**Printed Name** 

04/27/2014

Date

(01/12)

Print Name of Registered Agent

Signature of Registered Agent