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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/7/2014 3:25 PM 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 Organ Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned a	oplies to qualify and for that	purpose submits th	e following statements:
Article I: The name of the limited	d liability company is			
Patterson's Creative Cr	reations, LLC			
Article II: The street address of	the limited liability comp	pany's initial registered offic	e in Kentucky is	
3010 Woodland Lane		Corbin	KY	40701
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office	_{is} Jonathan Fred P	atterson	
Article III: The mailing address of				21 21
3010 Woodland Lane	Corbin	KY	40701	
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be manage	ed by (must check one):		
Article V: This application will be	e effective upon filing, u	nless a delayed effective da	ate and/or time is pr	ovided. The effective
date or the delayed effective date	e cannot be prior to the	date the application is filed	. The date and/or ti	me is (Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of	the state of Kentucky that t	he foregoing is true	and correct.
Mindy Lann Patterson		Mrs. Mindy LeAnn Patterson		7/6/2014
Signature of Organizer		Printed Name & Title		Date 7 (0 (0 0 4 4
13 6. F		Mr. Jonathan Fred Patterson		7/6/2014
Signature of Organizer		Printed Name & Title		Date
Jonathan Fred Patters	son	, consent to serve as the registere	ed agent on behalf of the	limited liability company.
Print Name of Registered Agent Jonathan Fred Patterson 7/6/2014				2014
Signature of Registered Agent	<u> </u>	Printed Name	Date	