

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/8/2014 9:47 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 Organization Limited Liability Company **KLC** 

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is Camjac Ventures, LLC

 Article II: The street address of the limited liability company's initial registered office in Kentucky is

 92 Kevins Way
 Somerset
 KY
 42503

 Street Address Only (No Post Office Box Numbers)
 City
 State
 Zip Code

 and the name of the initial registered agent at that office is
 Michael Joyce
 .

| Street Address or Post Office Box Number                          | City                             | State | Zip Code |
|-------------------------------------------------------------------|----------------------------------|-------|----------|
| PO Box 3446                                                       | West Somerset                    |       | 42564    |
| Article III: The mailing address of the limited liability company | iy's initial principal office is |       |          |

Article IV: The limited liability company is to be managed by (must check one):

|   |    | a manager(s). |
|---|----|---------------|
| ٦ | 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

date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

| manhad alaye                                         | Michael J Joyce                                                                        | 8-8-2014 |  |
|------------------------------------------------------|----------------------------------------------------------------------------------------|----------|--|
| Signature of Organizer                               | Printed Name & Title                                                                   | Date     |  |
| Signature of Organizer                               | Printed Name & Title                                                                   | Date     |  |
| I, Michael J Joyce<br>Print Name of Registered Agent | , consent to serve as the registered agent on behalf of the limited liability company. |          |  |
| michael Haya                                         | Michael J Joyce                                                                        | 8-8-2014 |  |
| Signature of Registered Agent                        | Printed Name                                                                           | Date     |  |

(01/12)