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LAOO Elaine N. Walker, Secretary of State

mstratton

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COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

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 p	ourpose submits the foll	owing statements:
Article I: The name of the limited Commonwealth Toba	• • •			
Article II: The street address of t	the limited liability comp	any's initial registered office	in Kentucky is	
770 Enterprise Drive		Lexington	Kentucky	40510
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 Todd Whan		
Article III: The malling address of	of the limited liability con	npany's initial principal office	e ls	
770 Enterprise Drive		Lexington	Kentucky	40510
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).			to and/or time is provide	nd. The effective
Article V: This application will be	enecave upon ming, ui	niess a delayed effective da	te and/or time is provide	eu. The ellective
date or the delayed effective dat	e cannot be prior to the	date the application is filed.	The date and/or time le	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of	the state of Kentucky that the Annon Reedy, A		correct. 4/11/2011
Signature of Organizer		Printed Name & Title	C	Date
Todd Whan Print Name of Registered Agent Signature of Registered Agent	She	consent to serve as the registered. Todd Whan Printed Name	agent on behalf of the limite	d liability company
(01/11)				