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

SNAPFLIP COLLECTIONS LLC

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

5738 DALTON ST #B   FORT KNOX   KY   40121
Street Address Only (No Post Office Box Numbers)   City   State   Zip Code

and the name of the initial registered agent at that office is   SUKINA JOHNSON

Article III: The mailing address of the limited liability company's initial principal office is

5738 DALTON ST #B   FORT KNOX   KY   40121
Street Address or Post Office Box Number   City   State   Zip Code

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 _____
(Delayed effective 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.

_X_____   SUKINA JOHNSON, PRES 50%   10/27/12
Signature of Organizer   Printed Name & Title   owner   Date

_Jena Thomson_____   JENA THOMSON, SEC 50%   10/27/12
Signature of Organizer   Printed Name & Title   owner   Date

I, SUKINA JOHNSON , consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

_____   SUKINA JOHNSON   10/27/12
Signature of Registered Agent   Printed Name   Date

(01/12)