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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

7/12/2013 11:26 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		Organization bility Company		KLC
Pursuant to KRS 14A and KRS 2	l 275, the undersign	ned applies to qualify and for that	purpose submits the	following statements
Article I: The name of the limited	d liability company	/ is		
Naman Donuts, LLC				
Article II: The street address of	the limited liability	company's initial registered office	in Kentucky is	- 48
828 Lane Allen Road, Ste. 219		Lexington	KY	40504
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registe	ered agent at that	office is InCorp Services,	Inc.	
		ity company's initial principal office	n ie	
508 Commonwealth A		Erlanger	KY	41018
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). Article V: This application will be		ing, unless a delayed effective dat	te and/or time is pro	vided. The effective
date or the delayed effective date	e cannot be prior t	to the date the application is filed.	The date and/or time	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the lav	ws of the state of Kentucky that the	e foregoing is true a	nd correct.
Region Company: Hirenkumar Pandhi, manager 7/10/1				7/10/13
Signature of Organizer		Printed Name & Title		Date
		unnuminania e		
Signature of Organizer		Printed Name & Title		Date
InCorp Services, Inc. Print Name of Registered Agent History Signature of Registered Agent	ther her o	n behalf of Incorp Se	agent on behalf of the line	07 09 13

(01/12)