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Elaine N. Walker, Secretary of State

Received and Filed: 6/8/2011 9:48 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, 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 ap	plies to qualify and for that pu	rpose submits the	following statements	
Article I: The name of the limited Rekāb Properties	d liability company is				
Article II: The street address of	the limited liability compa	any's initial registered office in	n Kentucky is		
284 Silver Creek D	Somerset	KY	42503		
Street Address Only (No Post Office E	City	State	Zip Code		
and the name of the initial regist	ered agent at that office	_{is} Melissa Baker			
				·	
Article III: The mailing address of					
284 Silver Creek D	Somerset	KY	42503		
Street Address or Post Office Box Nu	mber	City	State	Zip Code	
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be manage	d by (must check one):			
Article V: This application will be	e effective upon filing ur	oless a delaved effective date	and/or time is pro	vided The effective	
date or the delayed effective dat	e cannot be prior to the	date the application is filed. T	Γhe date and/or tim	ne is $\frac{06/08/11}{\text{(Delayed effective date and/or time)}}$	
I/We declare under penalty of pe	erjury under the laws of t	he state of Kentucky that the	foregoing is true a		
Yrselin Sahn		Melissa Baker	ssa Baker 06/08/11		
Signature of Organizer		Printed Name & Title		Date	
Signature of Organizer		Printed Name & Title		Date	
		Timed Name & Title			
Melissa Baker		consent to serve as the registered a	igent on behalf of the li	mited liability company.	
Print Name of Registered Agent		Melissa Baker	06/0	06/08/11	
Signature of Registered Agent		Printed Name	Date		