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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/23/2014 2:24 PM

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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 Or Limited Liabil			KLC	
Pursuant to KRS 14A and KRS	275, the undersigne	d applies to qualify and for that pu	rpose submits th	e following statements:	
Article I: The name of the limited	d liability company is	3			
MCWL LLC					
Article II: The street address of	the limited liability o	ompany's initial registered office in	Kentucky is		
1127 Dove Road		Louisville	KY	40213	
Street Address Only (No Post Office I	Box Numbers)	City	State	Zip Code	
and the name of the initial regist	ered agent at that o	_{ffice is} Catherine Lally			
Article III: The mailing address	of the limited liability	company's initial principal office is	3		
1127 Dove Road		Louisville	KY	40213	
Street Address or Post Office Box Number		City	State	Zîp Code	
•	·	g, unless a delayed effective date the date the application is filed. T			
I/We declare under penalty of pe	erjury under the laws	s of the state of Kentucky that the	foregoing is true	and correct.	
a huma		Catherine Lally		Dec 23, 2014	
Signature of Organizer		Printed Name & Title	Printed Name & Title Date		
Signature of Organizer		Printed Name & Title	Date		
Catherine Lally Print Name of Registered Agent		, consent to serve as the registered a	_	nt on behalf of the limited liability company. Dec 23, 2014	
Signature of Registered Agent	7)	Printed Name	Date		

(01/12)