

## 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 2	275, the undersigned applies to qualify and for that	purpose submits the following statements:
Article I: The name of the limited	l liability company is	
Haptic Design Lab LLC		

Article II: The street address of the limited liability com	pany's initial registered office	in Kentucky is				
1307 Cherokee Rd Apt 3	Louisville	KY	40204			
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code			
and the name of the initial registered agent at that office is William Tyler Whitehead						

Article III:	The mailing	address	s of the	limited liability	company's initial	prin	cipal office is		
		Carrier Carrier				1.00		1 42 4	

1307 Cherokee Rd Apt 3	Louisville	KY	40204	
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).

2

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  $\frac{01/05/2015}{(Delayed effective)}$ 

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.

p. glodel	William Tyler Whitehead, Q	Owner	01/05/2015	
Signature of Organizer	Printed Name & Title		Date	
Signature of Organizer	Printed Name & Title		Date	
Nilliam Tyler Whitehead	, consent to serve as the registered agent on be	half of the lin	nited liability company.	
1 2 1 South	William Tyler Whitehead 01/05		5/2015	
Signature of Registered Agent	Printed Name	Date		

(01/12)