

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718

Articles of Incorporation

Profit Corporation

PAI

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Tront Corporation			
Pursuant to KRS 14A	and KRS 27	1B, the undersigned applies to qu	ralify and for that purpose su	ubmits the f	ollowing statements:
		_{tion is} Fountain Wolf Prop			
Article II: The number	of shares th	ne corporation is authorized to issu	_{ue is} 100		
Article III: The street a	ddress of th	e corporation's initial registered o	ffice in Kentucky is		
1600 Story Ave		Louisville	KY	40206	
Street Address (No Post C	office Box Nun	ibers)	City	State	Zip Code
and the name of the in	itial register	ed agent at that office is Emma	nuel Dumigron		
		the corporation's principal office is			
1600 Story Avei		Louisville	KY	40206	
Street Address or Post Of	er	City	State	Zip Code	
Article V: The name a	nd mailing a	ddress of the incorporator is as fo	llows:		
Emmanuel Dumigron 1600 Story Ave. #4			Louisville	KY	40206
Name	Street Addre	ess or Post Office Box Number	City	State	Zip Code
Name	Street Addre	ess or Post Office Box Number	City	State	Zip Code
Name	Street Addre	ess or Post Office Box Number	City	State	Zip Code
or the delayed effective	date canno	fective upon filing, unless a delay t be prior to the date the applicatio	on is filed. The date and/or	time is(De	layed effective date and/or time)
We declare under per	alty of perju	ry under the laws of the state of K	entucky that the foregoing is	s true and c	orrect.
			on Vice President	1/7/13	
ignature of incorporator		Printed Name	Title	Da	nte
Emmanuel Dun Print Name of Registered			, consent to serve as the regist	ered agent on	behalf of the corporation.
		Emmanuel Dumigron	President	1/	7/13
ignature of Registered Agent		Printed Name	Title		