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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/14/2015 7:48 AM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Articles of Organization				KLC	
usiness Filings O Box 718	Limited Liability Co	ompany			
rankfort, KY 40602					
502) 564-3490				•	
ww.sos.ky.gov					
Pursuant to KRS 14A and KRS	275, the undersigned app	lies to qualify and for that pur	pose submits the	following statemen	
Article I: The name of the limite	ed liability company is				
Hutchison Historic Pro					
Article II: The street address of	f the limited liability compa	ny's initial registered office in	Kentucky is		
215 Stanley Reed Cou		Maysville	KY	41056	
Street Address Only (No Post Office	Box Numbers)	City	State	Zip Code	
e se	served and the short office b	M. Susan Brammer	•		
and the name of the initial regis	stered agent at that office i	S		***************************************	
Article III: The mailing address	of the limited liability com	pany's initial principal office is	S		
11845 W. Olympic Bo	ulevard, Ste. 540	Los Angeles	CA	9006	
Street Address or Post Office Box N		City	State	Zip Code	
A. a manager(s).  B. its member(s).					
Article V: This application will	be effective upon filing, un	less a delayed effective date	and/or time is pr	ovided. The effect	
date or the delayed effective d	ate cannot be prior to the	date the application is filed.	The date and/or t	ime is	
. ^				(Delayed effection date and/or tin	
	u automo omalau tha lassa af t	he state of Kentucky that the	foregoing is true	and correct	
I/We declare under penalty of	perjury under the laws of t		lorogoing to truo	, ,	
TUULIV		Paul Joseph		10/13/20	
Signature of Organizer		Printed Name & Title		Date	
Signature of Organizer		Printed Name & Title	<u> </u>	Date	
, M. Susan Brammer		, consent to serve as the registered	agent on behalf of the	e limited (lability compan	
Print Name of Registered Agent	$\overline{\Omega}$	•	10	1 1	
M. Olyana.	Drommer .	M. Susan Brammer		///3//15	
Signature of Registered Agent		Printed Name	Date	a/ /	

(01/12)