

## Kentucky Office of the Secretary of State TREY GRAYSON

**Division of Corporations** Articles of Incorporation PAI **Business Filings Profit Corporation** PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to KRS Chapter 271B, the undersigned applies to qualify and for that purpose submits the following statements: Article I: The name of the corporation is Article II: The number of shares the corporation is authorized to issue is Article III: The street address of the corporation's initial registered office in Kentucky is and the name of the initial registered agent at that office is \_ Article IV: The mailing address of the corporation's principal office is Street Address or Post Office Box Number Article V: The name and mailing address of the incorporator is as follows: Name Street Address or Post Office Box Number City Zip Code Zip Code Street Address or Post Office Box Number City State Name Street Address or Post Office Box Number City State Zip Code Name I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. rinted Name & Title eel Consent to serve as the registered agent on behalf of the corporation.



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Division of Corporations
Business Filings

Articles of Incorporation

PAI

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Profit Corporation			. ·
Pursuant to KRS Chapter 271B,	the undersigned applies to qualify and t	for that purpose subm	nits the following	statements:
Article I: The name of the corpor	ration is McDeely	<u>Propert</u>	ies l	
Article II: The number of shares	the corporation is authorized to issue is	·		<del></del>
30   East of Street Address (No Post Office Box No	To	in Kentucky is	State	40268 Zip Code
and the name of the initial registered agent at that office is				
Article IV: The mailing address of Street Address or Post Office Box Nur	of the corporation's principal office is  HH SH DWer  Inber	Sharb la	State	4020S Zip Code
Jennifectory	address of the incorporator is as follow PM-eely 30/Eq5 dress or Post Office Box Number	/s: + 2445+ C city	Wer Ska	DYOKY 42
Name Street Ad	dress or Post Office Box Number	City	State	Zip Code
			<u> </u>	
Name Street Add	dress or Post Office Box Number	City	State	Zip Code
I/We declare under penalty of pe	rjury under the laws of the state of Kent	ifor Lav	ng is true and co	DON-0
Print Name of Registered Agent	ou McNeel Gonsent to serve a			11 0 10
Signature of Registered Agent	Meely Jenni Printed Name &	fer Las M	Rledy Date	11-5-10