

## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Con			KLC
Pursuant to KRS 14A and KRS	275, the undersigned applies	s to qualify and for that	purpose submits the	following statements:
Article I: The name of the limited				
Article II: The street address of	the limited liability company'	s initial registered office	e in Kentucky is	
521 Zorn Ave	C7	Louisville	Kν	40206
Street Address Only (No Post Office E	C7 Box Numbers)	City	State	4 0206 . Zip Code
and the name of the initial regist		Kevin Lee 1-	Howard	
Article III: The mailing address of	of the limited liability compar	ny's initial principal offic	eis	
		######################################	1/	40206
521 Zorn Ave, C7 Street Address or Post Office Box Nu	mber	Louisville City	State	Zip Code
A. a manager(s).  B. its member(s).  Article V: This application will be	e effective upon filing unless	a delayed effective da	ste and/or time is prov	vided. The effective
date or the delayed effective dat				
I/We declare under penalty of pe		300 이 전에 된 전에 되었는데 없는데 하는데 50이다.		
hen Shil	K	evin Howard Pro-	sident	12/24/2011
Signature of Organizer	Prin	ited Name & Title		Date
Signature of Organizer	Prir	ited Name & Title		Date
Print Name of Registered Agent		sent to serve as the registere		N 9 3
hen the		herin Howard	12/	24/2011
Signature of Registered Agent	Prin	ited Name	Date	

(04/11)