

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 Org Limited Liabili			KLC
Pursuant to KRS 14A and KRS 2	ı 275, the undersigned	applies to qualify and for that	purpose submits th	e following statements
Article I: The name of the limited	d liability company is			
Bad Sam Shirt Co. LLC	5 1 25			
Auticle III. The atmost address of t	No a limite of limbility and	name no de initial registered offic	a in Kantuaku ia	
Article II: The street address of t 1143 Brock McVey Dr.	Lexington	KY	40509	
Street Address Only (No Post Office B	City	State	Zip Code	
		Drian A \A/illiams		2. p • • • • •
and the name of the initial registe	ered agent at that of	fice is		
Article III: The mailing address of	of the limited liability	company's initial principal offic	ce is	
1143 Brock McVey Dr.	Lexington	KY	40509	
Street Address or Post Office Box Nui	City	State	Zip Code	
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be mana	aged by (must check one):		
Article V: This application will be	e effective upon filing	g, unless a delayed effective d	ate and/or time is pr	ovided. The effective
date or the delayed effective date	e cannot be prior to	the date the application is filed	The date and/or ti	ime is immediately
date of the delayed effective date	e carmot be prior to	and date the approach is mee	i. The date dilater	(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws	of the state of Kentucky that t	he foregoing is true	and correct.
Carex Burco C		Casey Burke - Ma	ınager	4/9/2014
Signature of Organizer P		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Brian A. Williamson Print Name of Registered Agent		, consent to serve as the register	ed agent on behalf of the	limited liability company.
By M. Last	•	Brian A. Williamso	on 4/9/	2014
Signature of Registered Agent		Printed Name	Date	

(01/12)