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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 11/18/2014 12:56 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

KLC

| PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | mited Liability Company | | |
|--|---|-------------------------------|-------------------------------|
| Pursuant to KRS 14A and KRS 275, the | e undersigned applies to qualify and for that | t purpose submits the | following statements: |
| Article I: The name of the limited liabilit | ty company is | | |
| GRANT AND | o MILLE LLC | | |
| Article II: The street address of the limit | ited liability company's initial registered offic | e in Kentucky is | |
| 152 Primrose (| Pircle Richmond Others) City | KY | 40475 |
| Street Address Only (No Post Office Box Num | nbers) City | State | Zip Code |
| and the name of the initial registered ag | gent at that office is MICUAEL RIG | CHIE | |
| Article III: The mailing address of the li | mited liability company's initial principal offic | ce is | |
| | | | 46420 |
| 157 Primrose Circ Street Address or Post Office Box Number | cle Kichmana City | State | Zip Code |
| | ive upon filing, unless a delayed effective date the application is filed | | Δ./ |
| I/We declare under penalty of perjury un | nder the laws of the state of Kentucky that t | he foregoing is true ar | date and/or time) nd correct. |
| Who All | Michael T. Ric Printed Name & Title | hie | Nov 17, 2014 |
| Signature of Organizer | Printed Name & Title | | Date |
| grame | Grant S. Wilson Printed Name & Title | Member | Nov 17, 2014 |
| Signature of Organizer | Printed Name & Title | | Date |
| Print Name of Registered Agent | , consent to serve as the registere | ed agent on behalf of the lin | |
| Signature of Registered Agent | Printed Name | Date | |

(01/12)