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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/25/2013 8:29 AM Fee Receipt: \$40.00



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 Organization Limited Liability Comp | | | KLC | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------|-------------------------|--|
| Pursuant to KRS 14A and KRS 2 | 275, the undersigned applies t | o qualify and for that p | urpose submits the | following statements: | |
| Article I: The name of the limited | | | | | |
| Al Dia Consulting & S | ervices, LLC | | | | |
| Article II: The street address of | the limited liability company's i | nitial registered office | in Kentucky is | | |
| 204 Alreva Rd. | | Louisville | KY | 40216 | |
| Street Address Only (No Post Office E | | City | State | Zip Code | |
| and the name of the initial regist | ered agent at that office is ISI | s Villanueva Cl | 1ao | | |
| Article III: The mailing address of | of the limited liability company | s initial principal office | is | | |
| 4229 Bardstown Rd. S | | Louisville | KY | 40218 | |
| Street Address or Post Office Box Nu | City | State | Zip Code | | |
| A. a manager(s). B. its member(s). Article V: This application will be | e effective upon filing, unless a | ı delayed effective dat | e and/or time is pro | ovided. The effective | |
| date or the delayed effective dat | e cannot be prior to the date the | ne application is filed. | The date and/or tir | me is(Delayed effective | |
| ^ | | | | date and/or time) | |
| I/We declare under penalty of pe | erjury under the laws of the sta | te of Kentucky that the | e foregoing is true a | and correct. | |
| a Vany | | rlon Jesus Mira | | | |
| Signature of Organizer | ed Name & Title | | Date | | |
| MIXWIMO | | oberto Rivero Tamayo | | 11/22/2013 | |
| Signature of Organizer | Printe | d Name & Title | | Date | |
| , Isis Villanueva Chao | , conse | consent to serve as the registered agent on behalf of the limited liability company. | | | |
| Print Name of Registered Agent | Isis | Isis Villanueva Chao | | 11/22/2013 | |
| Signature of Registered Agent | ature of Registered Agent Printed | | Date | | |
| (01/12) | | | | | |