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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

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## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

| Division of Business Filings<br>Business Filings<br>PO Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Articles of Org<br>Limited Liabilit |  |                            | KLC                                  |
|---|-------------------------------------|--|----------------------------|--------------------------------------|
| Pursuant to KRS 14A and KRS 2   | I<br>275, the undersigned           | applies to qualify and for that pu             | irpose submits the         | following statements                 |
| Article I: The name of the limited  | d liability company is              |  |                            |                                      |
| 3rd & Central Properti  | es, LLC                             |  |                            |                                      |
| Article II: The street address of   | the limited liability cor           | mnany's initial registered office in           | n Kentucky is              |                                      |
| 401 W. Main Street, S   | -                                   | Louisville                                     | Kentucky                   | 40202                                |
| Street Address Only (No Post Office E   |                                     | City   | State                      | Zip Code                             |
| and the name of the initial regist  | ered agent at that offi             | <sub>ce is</sub> Sharon R. Handy               |                            |                                      |
| Article III: The mailing address of   | of the limited liability o          | company's initial principal office i           | s                          |                                      |
| 3204 Ten Broeck Way   | •                                   | Louisville                                     | Kentucky                   | 40241                                |
| Street Address or Post Office Box Number  |                                     | City   | State                      | Zip Code                             |
| Article IV: The limited liability contains A. a manager(s).  B. its member(s).  Article V: This application will be       |                                     |  | and/or time is prov        | ided. The effective                  |
| date or the delayed effective dat   | e cannot be prior to th             | ne date the application is filed. <sup>-</sup> | The date and/or time       | <sub>e is</sub> 8/28/12              |
| and or are actually a concern and   | ,                                   |  |                            | (Delayed effective date and/or time) |
| I/We declare under penalty of pe  | erjury under the laws               | of the state of Kentucky that the              | foregoing is true ar       | nd correct.<br>8/28/12               |
| of enotities !  |                                     |  | Sharon R. Handy, Organizer |                                      |
| Signature of Organizer  |                                     | Printed Name & Title                           |                            | Date                                 |
| Signature of Organizer  |                                     | Printed Name & Title                           |                            | Date                                 |
| Sharon R. Handy   |                                     | , consent to serve as the registered a         | agent on behalf of the lin | nited liability company.             |
| Print Name of Registered Agent  | 1                                   | Sharon R. Handy                                | 8/28/                      | 12                                   |
| Signature of Registered Agent (01/12)   |                                     | Printed Name                                   | Date                       |                                      |