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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/11/2014 3:39 PM

## 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 O<br>Limited Liab | rganization<br>ility Company   |                      | KLC                        |
|--|-------------------------------|--|----------------------|----------------------------|
| Pursuant to KRS 14A and KRS 2  | 275, the undersigne           | ed applies to qualify and for that pur   | pose submits th      | e following statements     |
| Article I: The name of the limited L & S Properties of Nh  |                               | is   |                      |                            |
| Article II: The street address of t  | the limited liability of      | company's initial registered office in   | Kentucky is          |                            |
| 2216 Dixie Highway S   |                               | Fort Mitchell  | KY                   | 41017                      |
| Street Address Only (No Post Office B  |                               | City   | State                | Zip Code                   |
| and the name of the initial registe  | ared agent at that (          | <sub>office is</sub> Donald L. Nageleis  | en                   |                            |
|  |                               |  |                      |                            |
| Article III: The mailing address o   | of the limited liabilit       | y company's initial principal office is  |                      | 44047                      |
| 2216 Dixie Highway Ste 200B  |                               | Fort Mitchell  | KY                   | 41017                      |
| Street Address or Post Office Box Number   |                               | City   | State                | Zip Code                   |
|  | effective upon filir          | naged by (must check one):  ng, unless a delayed effective date a  o the date the application is filed. Th |                      |                            |
| IMMs declars under penalty of ne   | rium under the law            | s of the state of Kentucky that the fo   | oregoing is true     | and correct.               |
| $\sim$ 1 $\psi$ TI   |                               | Bruce A. Lagory  |                      | 11/25/14                   |
| Signature of Organizer   | Ja /404                       | Printed Name & Title   |                      | Date                       |
| 20   |                               | Printed Name & Title   |                      | Date                       |
| Signature of Organizer   |                               | Fillited Name & Title  |                      | 24.0                       |
| <sub>ı.</sub> Donald L. Nageleiser   | າ                             | , consent to serve as the registered ag  | ent on behalf of the | limited liability company. |
| Print Name of Registered Agent   |                               | Donald L. Nageleise  | en 11/2              | 25/14                      |
| $\mathcal{L}(\mathcal{L}\mathcal{L}\mathcal{L})$   |                               |  |                      | • •                        |

**Printed Name** 

Signature of Registered Agent