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 Alison Lundergan Grimes
 Kentucky Secretary of State
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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 Company	KLC
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Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is
BROOMWAGON LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is
800 N LIMESTONE **LEXINGTON** **KY** **40505**
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **TIFFANY MORROW**

Article III: The mailing address of the limited liability company's initial principal office is
613 PRICE AVE **LEXINGTON** **KY** **40508**
Street Address or Post Office Box Number City State Zip Code

Article IV: The limited liability company is to be managed by (must check one):

- A. a manager(s).
- B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	TIFFANY MORROW, MEMBER	9/17/14
<small>Signature of Organizer</small>	<small>Printed Name & Title</small>	<small>Date</small>

TIFFANY MORROW		
<small>Signature of Organizer</small>	<small>Printed Name & Title</small>	<small>Date</small>

I, **TIFFANY MORROW**, consent to serve as the registered agent on behalf of the limited liability company.

	TIFFANY MORROW	9/17/14
<small>Signature of Registered Agent</small>	<small>Printed Name</small>	<small>Date</small>