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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 6/28/2012 8:59 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 Or Limited Liabi			KLC
Pursuant to KRS 14A and KRS	1 275, the undersigne	d applies to qualify and for that pu	rpose submits the	e following statements
Article I: The name of the limite	d liability company is	S		
OAK, LLC				
Article II: The street address of	the limited liability o	ompany's initial registered office in	Kontucky is	
401 W. MAIN ST., SL	· · · · · · · · · · · · · · · · · · ·		KY	40202
Street Address Only (No Post Office I		City	State	Zip Code
and the consequence of the desired or state	la call a card at the tar	ffice is Gregory S. Condra	a	
and the name of the initial regist	ered agent at that of	ffice is		·
Article III: The mailing address	of the limited liability	company's initial principal office i	S	
PO BOX 701321	LOUISVILLE	KY	40270-1321	
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	e effective upon filin	g, unless a delayed effective date	and/or time is pro	ovided. The effective
date or the delayed effective dat	te cannot be prior to	the date the application is filed. T	he date and/or tir	me is
I/We declare under penalty of pe	erjury under the laws	s of the state of Kentucky that the	foregoing is true a	and correct.
Natt		Nathan T. Shaw, m	athan T. Shaw, member	
Signature of Organizer		Printed Name & Title		Date
		Natalie W. Shaw, mei	mber	
Signature of Organizer		Printed Name & Title		Date
Gregory S. Condra		, consent to serve as the registered a	gent on behalf of the I	limited liability company.
Print Name of Registered Agent		Gregory S. Condra	-	6/27/12
Signature of Registered Agent		Printed Name	Date	, , ,