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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

6/28/2012 8:31 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 Org Limited Liabilit	•		KLC
Pursuant to KRS 14A and KRS 2	<u>l</u> 275, the undersigned	applies to qualify and for that pur	rpose submits the f	ollowing statements:
Article I: The name of the limited	d liability company is			
UPSCALE LIVING, LL				
Article II: The street address of t	the limited liability cor	mpany's initial registered office in	Kentucky is	
401 W. MAIN ST., SU	ITE 1100	LOUISVILLE	KY	40202
Street Address Only (No Post Office B	Box Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that offi	_{ice is} Gregory S. Condra	i	
_				
	company's initial principal office is			
PO BOX 701321		LOUISVILLE	KY	40270-1321
Street Address or Post Office Box Number		City	State	Zîp Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be mana	ged by (must check one):		
Article V: This application will be	e effective upon filing,	, unless a delayed effective date a	and/or time is provi	ded. The effective
date or the delayed effective date	e cannot be prior to th	he date the application is filed. Th	ne date and/or time	(Delayed effective date and/or time)
IWe declare under penalty of pe	rjury under the laws	of the state of Kentucky that the fo	oregoing is true and	d correct.
Nathan T. Shaw, member $6/27$				6/27/12
Signature of Organizer		Printed Name & Title		Date
All house of the		Natalie W. Shaw, men	Natalie W. Shaw, member	
Signature of Organizer		Printed Name & Title		Date
Gregory S. Condra Print Name of Registered Agent		, consent to serve as the registered ag		
GSCond		Gregory S. Condra	_ lne	27,2012
Signature of Registered Agent		Printed Name	Date	