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 Alison Lundergan Grimes  
 Kentucky Secretary of State  
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**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

<b>Division of Business Filings</b> <b>Business Filings</b> 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  
**BDTECHNODESIGNS, LLC**

Article II: The street address of the limited liability company's initial registered office in Kentucky is  
**5467 Country Hills Lane**                      **Union**                      **Kentucky**                      **41091**  
 Street Address Only (No Post Office Box Numbers)                      City                      State                      Zip Code

and the name of the initial registered agent at that office is **Deanne Hallforth**

Article III: The mailing address of the limited liability company's initial principal office is  
**P.O. Box 203**                      **Union**                      **Kentucky**                      **41091**  
 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 **N/A**  
 (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.

*Deanne Hallforth*                      **Deanne Hallforth**                      **12-26-13**  
 Signature of Organizer                      Printed Name & Title                      Date

Signature of Organizer                      Printed Name & Title                      Date

I, **Deanne Hallforth**, consent to serve as the registered agent on behalf of the limited liability company.  
 Print Name of Registered Agent

*Deanne Hallforth*                      **Deanne Hallforth**                      **12-26-13**  
 Signature of Registered Agent                      Printed Name                      Date