

LD4000039046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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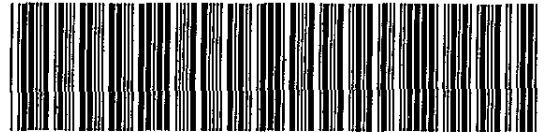
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LBK, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William G. Kohlhepp
(Name of Person)

Cors & Bassett, LLC
(Firm/Company)

537 East Pete Rose Way, Suite 400
(Address)

Cincinnati, Ohio 45202
(City/State and Zip Code)

For further information concerning this matter, please call:

William G. Kohlhepp at (513) 852-8211
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LBK, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

35 Crow Hill

Ft. Thomas, Kentucky 41075

Mailing Address:

35 Crow Hill

Ft. Thomas, Kentucky 41075

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Julie D. Warren

Name

1525 Marcy Drive

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FLORIDA 32259

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Julie D. Warren
Registered Agent's Signature

Julie D. Warren

04 MAY 1 2003
TALLAHASSEE
SECRETARY OF STATE

FILED
AND
NOTED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Elizabeth D. Hudepohl

35 Crow Hill

Ft. Thomas, Kentucky 41075

MGRM

Julie D. Warren

1525 Marcy Drive

Jacksonville, Florida 32259

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Julie D. Warren
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By: JULIE D. WARREN
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

04 MAY 18 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED