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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
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Account#: I20000000088

Date: June 27, 2017

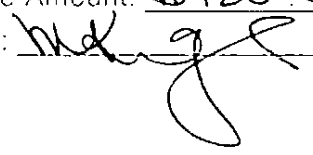
Name: Marisa Kugelmann

Reference #: M090911

Entity Name: KEY WEST HHA, LLC

- [x] Articles of Incorporation/Authorization to Transact Business
- [ ] Amendment
- [ ] Change of Agent
- [ ] Reinstatement
- [ ] Conversion
- [ ] Merger
- [ ] Dissolution/Withdrawal
- [ ] Fictitous Name
- [ ] Other _____

Authorized Amount: $125.00

Signature: 

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Key West BHA, LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9510 Ormsby Station Road	9510 Ormsby Station Road
Suite 300	Suite 300
Louisville, Kentucky 40223	Louisville, Kentucky 40223

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cogency Global Inc.
Name

115 N. Calhoun Street, #4
Florida street address (P.O. Box NOT acceptable)

Tallahassee	Florida	32301
City	State	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 605, F.S.

Registered Agent's Signature (REQUIRED)

Vikki Sacteum, Assistant Secretary of COGENCY GLOBAL INC.

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Director	William B. Yarmuth 9510 Ormsby Station Road, Suite 300 Louisville, Kentucky 40223
Director	C. Steven Goeathner 9510 Ormsby Station Road, Suite 300 Louisville, Kentucky 40223
Director	Patrick Todd Lyles 9510 Ormsby Station Road, Suite 300 Louisville, Kentucky 40223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Patrick Todd Lyles, Director
Typed or printed name of signer

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)