0884001.06

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/7/2014 8:00 AM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

ALIGON ZON	,		KLC
	Articles of Organization		KLC
PO Box 718	Liability Company		
Frankfort, KY 40602			
(502) 564-3490			
www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the under	ersigned applies to qualify and for that pu	urpose submits the	e following statements:
Article I: The name of the limited liability com	pany is		
Atlas Truck & Trailer Repair LLC			
Article II: The street address of the limited lia	ability company's initial registered office i	n Kentucky is	
130 Old Faulkner Sta Rd	Danville	KY	40422
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
on our parties only (the same of the same			
and the name of the initial registered agent a	t that office is		
Article III: The mailing address of the limited	liability company's initial principal office	is	40422
130 Old Faulkner Sta Rd	Danville	KY	40422
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 up	oon filing, unless a delayed effective date	e and/or time is pro	ovided. The effective
date or the delayed effective date cannot be	prior to the date the application is filed.	The date and/or th	
			date and/or time)
I/We declare under penalty of perjury under	the laws of the state of Kentucky that the	e foregoing is true	and correct.
inve declare under periodry or periodry areas	Amanda Russell		4/14/14
Signature of Organizer	Printed Name & Title		Date
Signatule of Organizer			
Signature of Organizer	Printed Name & Title		Date
	U		
1. Amanda Illiss.	consent to serve as the registered		
Print Name of Registered Agent	Amanda Russell	4/4/	14
Signature of Registered Agent	Printed Name	Date	