

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Business Filings	Limited Liability Company		KLC
PO Box 718 Frankfort, KY 40602	Elithica Elability Company		
(502) 564-3490			
www.sos.ky.gov			
Pursuant to KRS 14A and KRS 2	l 275, the undersigned applies to qualify and for that p	urpose submits th	e following statements:
Article I: The name of the limited	d liability company is		
Rental Units LLC			·
Article II: The street address of t	the limited liability company's initial registered office	in Kentucky is	
79 Edgewood Road	Edgewood	KY	41017
Street Address Only (No Post Office B	Box Numbers) City	State	Zip Code
and the name of the initial registe	ered agent at that office is Kyle Nathaniel Kaufm	ıan	
	of the limited liability company's initial principal office		
79 Edgewood Road	Edgewood	KY	41017
Street Address or Post Office Box Nur	mber City	State	Zip Code
Article IV: The limited liability co A. a manager(s).	mpany is to be managed by (must check one):		
B. its member(s).			
Article V: This application will be	e effective upon filing, unless a delayed effective date	e and/or time is pr	ovided. The effective
date or the delayed effective date	e cannot be prior to the date the application is filed.	The date and/or ti	_{ime is} 11/30/2014
adio of the delayed endenies date		The date and of a	(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of the state of Kentucky that the	foregoing is true	and correct.
Kyle Kaufman	Kyle Kaufman, Owner		11/30/2014
Kyle Kaufman Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
_L Kyle Kaufman	, consent to serve as the registered	agent on hehalf of the	limited liability company
Print Name of Registered Agent	, consent to serve as the registered	agont on benan or the	minica hability company.
Kyle Kaufman	Kyle Kaufman	11/30/2014	
Signature of Registered Agent	Printed Name	Date	