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Michael G. Adams

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ADD	

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

	MICHAEL G. A	NWEALTH OF KENTUCK		Kentucky Secretary of State Received and Filed: 12/12/2022 12:49 PM Fee Receipt: \$90.00
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		icate of Authority n Business Entity)		гвс
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	- 030 the undersigned hereby wing statements:	y applies for authority to transact	business in Kenti	ucky on behalf of the entity named be
1. The entity is a: profit corpor business tru limited partn	ration no Ist im	nprofit corporation ited liability company	profession statutory	onal limited liability company trust
non-profit llc		cooperative association ofessional service corporation	other	
2. The name of the entity is Driveway Mo	otors, LLC			
(The	name must be identical to the	ne name on record with the Sec	retary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):			
4. The state or country under whose law	w the entity is organized is ^{Dela}	(Only provide if "real name" is aware	unavailable for u	se; otherwise, leave blank.)
5. The date of organization is October 2,		and the period of durati	on is	
6. The mailing address of the entity's pri	incipal office is		(If left blank, di	uration is considered perpetual.)
150 N Bartlett St.	• • • • • • • • • • • • • • • • • • •	Medford	OR	97501
Street Address		City	State	Zip Code
 The street address of the entity's reg 306 West Main Street, Suite 512 	istered office in Kentucky is			
Street Address (No P.O. Box Number	(c)	Frankfort	KY	40601
and the name of the registered agent at		City		State Zip Code
3. The names and business addresses		(secretary, officers and directors	managers, truste	es or general partners):
	150 N Bartlett St. Street or P.O. Box	Medford	OR	97501
NALLIE	Street or P.O. Box	City	State	Zip Code
Naille				
	Street or P.O. Box	City	State	Zip Code
Name Name Name	Street or P.O. Box Street or P.O. Box	City	State	Zip Code Zip Code
Name Name 9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	Street or P.O. Box all the individual shareholders, re states or territories of the Ur n.	City not less than one half (1/2) of the lited States or District of Columbi	State directors, and all a to render a profe	Zip Code of the officers other than the secretar essional service described in the
Name Name 9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation 10. I certify that, as of the date of filing th	Street or P.O. Box all the individual shareholders, re states or territories of the Ur n. his application, the above-nam	City not less than one half (1/2) of the ited States or District of Columbi ed entity validly exists under the	State e directors, and all a to render a profe aws of the jurisdic	Zip Code of the officers other than the secretar essional service described in the
Name Name 9. If a professional service corporation, a and treasurer are licensed in one or mor tatement of purposes of the corporation 0. I certify that, as of the date of filing th	Street or P.O. Box all the individual shareholders, re states or territories of the Ur n. his application, the above-nam	City not less than one half (1/2) of the ited States or District of Columbi ed entity validly exists under the	State e directors, and all a to render a profe aws of the jurisdic	Zip Code of the officers other than the secretar essional service described in the
Name Name If a professional service corporation, a and treasurer are licensed in one or mor tatement of purposes of the corporation 0. I certify that, as of the date of filing th 1. If a limited partnership, it elects to be 2. If a limited liability company, check	Street or P.O. Box all the individual shareholders, re states or territories of the Ur n. his application, the above-nam e a limited liability limited partne s box if manager-managed:	City not less than one half (1/2) of the ited States or District of Columbi ed entity validly exists under the	State e directors, and all a to render a profe aws of the jurisdic	Zip Code of the officers other than the secretar essional service described in the
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Name Name If a professional service corporation, a and treasurer are licensed in one or mor tatement of purposes of the corporation 0. I certify that, as of the date of filing th 1. If a limited partnership, it elects to be 2. If a limited liability company, check	Street or P.O. Box all the individual shareholders, re states or territories of the Ur n. his application, the above-nam e a limited liability limited partne s box if manager-managed:	City not less than one half (1/2) of the lited States or District of Columbi ed entity validly exists under the ership. Check the box if applical	State	Zip Code of the officers other than the secretar essional service described in the
Name Name D. If a professional service corporation, a und treasurer are licensed in one or mor statement of purposes of the corporation 0. I certify that, as of the date of filing th 1. If a limited partnership, it elects to be 2. If a limited liability company, check 3. This application will be effective upor	Street or P.O. Box all the individual shareholders, re states or territories of the Ur n. his application, the above-nam e a limited liability limited partne s box if manager-managed:	City not less than one half (1/2) of the lited States or District of Columbi ed entity validly exists under the ership. Check the box if applicat	State	Zip Code of the officers other than the secretar essional service described in the stion of its formation.
Name Name D. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation 10. I certify that, as of the date of filing th 11. If a limited partnership, it elects to be 12. If a limited liability company, check 3. This application will be effective upor	Street or P.O. Box all the individual shareholders, re states or territories of the Ur n. his application, the above-nam e a limited liability limited partne s box if manager-managed:	City not less than one half (1/2) of the lited States or District of Columbi ed entity validly exists under the ership. Check the box if applicat Edward Impert - Assistant Secretary Printed Name & Title	State	Zip Code of the officers other than the secretar essional service described in the stion of its formation.
Name Name D. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation 0. I certify that, as of the date of filing th 1. If a limited partnership, it elects to be 2. If a limited liability company, check 3. This application will be effective upor additional to a state of the state of fully the state and treasure of Authorized Representative	Street or P.O. Box all the individual shareholders, re states or territories of the Ur n. his application, the above-nam e a limited liability limited partne s box if manager-managed:	City not less than one half (1/2) of the lited States or District of Columbi ed entity validly exists under the ership. Check the box if applicat	State	Zip Code of the officers other than the secretar essional service described in the stion of its formation.
Name Name Define If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation 10. I certify that, as of the date of filing th 11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upor Signature of Authorized Representative National Registered Agents, Inc.	Street or P.O. Box all the individual shareholders, e states or territories of the Ur his application, the above-nam e a limited liability limited partne box if manager-managed: a tilling.	City not less than one half (1/2) of the lited States or District of Columbia ed entity validly exists under the ership. Check the box if application Edward Impert - Assistant Secretary Printed Name & Title , consent to serve as the regis	State	Zip Code of the officers other than the secretar essional service described in the stion of its formation. <u>12/9/2022</u> Date half of the business entity.