0889607.06

mstratton LAOO

Alison Lundergan Grimes

Kentucky Secretary of State Received and Filed: 6/12/2014 7:57 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Company	KLC
Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:		
Article I: The name of the limited	liability company is Express LLC _	
Article II: The street address of the limited liability company's initial registered office in Kentucky is 35 Chethut Drive Mt. Vemon Ky 40+56. Street Address Only (No Post Office Box Numbers) City State Zip Code and the name of the initial registered agent at that office is Machelle Decker Collabor.		
Article III: The mailing address of the limited liability company's initial principal office is		
335 Chestout D Street Address or Post Office Box Num	rive Mt Vernon	Ky 40456 State Zip Code
A. a manager(s). B. its member(s).	mpany is to be managed by (must check one):	nd/or time is provided. The effective
Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective		
date or the delayed effective date	e cannot be prior to the date the application is filed. Th	e date and/or time is
I/We declare under penalty of per Translature of Organizer	rjury under the laws of the state of Kentucky that the fo	oregoing is true and correct. Color Lo-11-14 Date
Signature of Organizer	Printed Name & Title	Date
Print Name of Registered Agent Chollo Di (Yor- Signature of Registered Agent	Callahan consent to serve as the registered age Callahan Machelle Decker Printed Name	ent on behalf of the limited liability company. Only Date

(01/12)