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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/18/2012 1:44 PM 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 Organiz Limited Liability Co				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				
Bargains On Main, LLC					
Article II: The street address of the limited liability company's initial registered office in Kentucky is					
267 Main St		Calhoun	KY		42327
Street Address Only (No Post Office Bo	x Numbers)	City	State		Zip Code
and the name of the initial registered agent at that office is Crystal C West					
Article III: The mailing address of	the limited liability compa				
PO Box 587		Calhoun	KY		42327-0587
Street Address or Post Office Box Num	ber	City	State		Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	npany is to be managed b	oy (must check one):			
Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective					
data as the deleved effective data correct he prior to the data the application is filed. The data and/or time is 8/1/2012					
date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is O/1/2012 (Delayed effective date and/or time)					
I/We declare under peralty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.					
3/1///		Edward West,			7/18/2012
Signature of Organizer	Pi	rinted Name & Title			Date
Certal CWld		Crystal C West,	Managing Me	ember	7/18/2012
Signature of Organizer	Pi	rinted Name & Title			Date
Crystal C West , consent to serve as the registered agent on behalf of the limited liability company.					
Print Name of Registered Agent	, /	Crystal C Wes		7/18/2	
Signature of Registered Agent		rinted Name		Date	

(01/12)