

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/27/2018 12:34 PM Fee Receipt: \$40.00

**KLC** 

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

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490	Articles of Organization Limited Liability Company
(502) 564-3490 www.sos.ky.gov	

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

SEVERE RENTALS AND MAINTENCE, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is				
467 SOUTH SHAWNEE ROAD	MAYSVILLE	KY	41056	
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code	
and the name of the initial registered agent at that office is <u>MICHAEL SEVERE</u> .				

Article III: The mailing address of the limited liability company's initial principal office is

467 SOUTH SHAWNEE ROAD	MAYSVILLE	KY	41056
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 upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_\_.

Please indicate the county in which your busi	ness operates:			
County: MASON	·			
To complete the following, please shade the box completely.				
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)	Please indicate whether any of the following make up more business ownership:   Women-Owned Veteran Owned			
Please indicate which of the following best describes your business:				
Agriculture Mining Services Construction   Wholesale Trade Retail Trade Manufacturing Finance, Insurance, Real Estate   Public Administration Transportation, Communications, Electric, Gas, Sanitary Services   Other Image: Service of the state of Kentucky that the foregoing is true and correct.				
flitel kn	MICHAEL SEVERE	The and correct.		
Signature of Organizer	Printed Name & Title	Date		
Signature of Organizer	Printed Name & Title	Date		
I, MICHAEL SEVERE Print Name of Registered Agent	, consent to serve as the registered agent on behalf of the limited liability company.			
Mull In	MICHAEL SEVERE	08/27/2018		
Signature of Registered Agent	Printed Name	Date		