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Alison Lundergan Grimes Kentucky Secretary of State

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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 www.sos.ky.gov	Articles of Organization Limited Liability Company		KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to qualify and for that	t purpose submite	the following statement
Article I: The name of the limited EN Guns LLC	l liability company is	t parpood dubilities	the following statement
Article II: The street address of t	he limited liability company's initial registered offic	e in Kentucky is	
TTT Ridge Rd	Shepherdsvi		40165
Street Address Only (No Post Office B	ox Numbers) City	State	Zip Code
and the name of the initial registe	red agent at that office is Bryan Howard Go	off	p
	f the limited liability company's initial principal offic		
1111 Ridge Rd	Shepherdsvil		40405
Street Address or Post Office Box Num	iber City	State	40165 Zip Code
Article IV: The limited liability con	npany is to be managed by (must check one):		Zip Code
A. a manager(s).	indistribution of managed by (must check one).		
B. its member(s).			
Article V: This application will be	effective upon filing, unless a delayed effective da	te and/or time is n	rovided. The effective
date or the delayed effective date	cannot be prior to the date the application is filed.	The determine to p	
	to the date the application is filed.	rie date and/or	time is
IMA dodoro unden en el estado			date and/or time)
O A penalty of peri	ury under the laws of the state of Kentucky that the	e foregoing is true	and correct.
Signature of Organizer	Bryan Howard Gof	f	02-13-13
o guinzer /	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Pete
Bryan Howard Goff			Date
Print Name of Registered Agenty	, consent to serve as the registered	agent on behalf of the	limited liability company.
Bryon H. A.M	Bryan Howard Goff	0	713-12
Signature of Registered Agent	Printed Name	Date	
(01/12)			