

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

| Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Articles of Organ Limited Liability (| | | KLC |
|---|--|----------------------------------|-----------------------|--------------------------------------|
| Pursuant to KRS 14A and KRS 2 | 275, the undersigned app | olies to qualify and for tha | t purpose submits t | he following statements: |
| Article I: The name of the limited C & D Carpentry and | 5 20 5 | | | |
| Article II: The street address of t | the limited liability compa | any's initial registered offic | ce in Kentucky is | |
| 684 Ky 3439 Apt 2 | | Barbourville | e Ky | 40906 |
| Street Address Only (No Post Office B | ox Numbers) | City | State | Zip Code |
| and the name of the initial registe | ered agent at that office | _{is} Cody Baker | | |
| Article III: The mailing address of the limited liability company's initial principal office is | | | | |
| P.O. Box 733 | • | Barbourville | e Ky. | 40906 |
| Street Address or Post Office Box Nur | mber | City | State | Zip Code |
| Article IV: The limited liability co A. a manager(s). B. its member(s). Article V: This application will be | | | late and/or time is p | rovided. The effective |
| date or the delayed effective date | e cannot be prior to the o | date the application is filed | d. The date and/or | (Delayed effective date and/or time) |
| I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. | | | | |
| Cody Buker | | Cody Bakel | MIMBER | 2-2-8-14 |
| Signature of Organizer | | Printed Name & Title | | *Date |
| Signature of Organizer | | Printed Name & Title | | Date |
| Print Name of Registered Agent | | consent to serve as the register | | |
| Cody Burez | | Cody Baker Printed Name | ž | 2-28-14 |
| Signature of Registered Agent | | Printed Name | Date | • |