

0934110.06 mstratton
 LAOO
Alison Lundergan Grimes
Kentucky Secretary of State
 Received and Filed:
 10/8/2015 10:26 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
TIM HUMMEL TRUCKING, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is
494 GLENBROOK DRIVE **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 **TIMOTHY B. HUMMEL**

Article III: The mailing address of the limited liability company's initial principal office is
494 GLENBROOK DRIVE **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 _____
 (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.

Timothy B Hummel **TIMOTHY B. HUMMEL**
 Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, **TIMOTHY B. HUMMEL**, consent to serve as the registered agent on behalf of the limited liability company.

Timothy B Hummel **TIMOTHY B. HUMMEL** **10/5/2015**
 Signature of Registered Agent Printed Name Date