

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Corporations Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liabili			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned	applies to qualify and for that purp	ose submits th	ne following statements
Article I: The name of the limited	d liability company is			
1st Choice Dealz LLC	a liability company is			
Article II: The street address of	the limited liability co	mpany's initial registered office in K	Centucky is	
2716 Old Rosebud S	TE 201A	Lexington	KY	40509
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist.	arad agant at that aff	ce is Registered Agents	Inc.	
and the name of the initial regist	ered agent at that on	ice is		·
Article III: The mailing address of	of the limited liability of	company's initial principal office is		
3911 Pinoak View Ct		Louisville	KY	40299
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be mana	ged by (must check one):		
Article V: This application will be	e effective upon filing	unless a delayed effective date ar	nd/or time is pr	ovided. The effective
date or the delayed effective date	e cannot be prior to t	ne date the application is filed. The	date and/or ti	me is
I/We declare under penalty of pe	rjury under the laws	of the state of Kentucky that the for	egoing is true	and correct.
		Dwayne D Mullins		4/23/2014
g nature of Or ganizer		Printed Name & Title	ed Name & Title	
ignature of Organizer		Printed Name & Title	- M C. W	Date
Registered Agents Inc. Print Name of Registered Agent , consent to serve as the registered agent on behalf of the limited liability or				limited liability company.
,	Mich	Dan Keene - Presiden	t 4/23	3/2014
Signature of Registered Agent		Printed Name	Date	AAT OF AAA AAA AAA AAA AAA AAA AAA AAA AAA

(01/11)