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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/13/2012 2:00 PM Fee Receipt: \$50.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business FilingsPO Box 718
Frankfort, KY 40602

(502) 564-3490 www.sos.ky.gov Articles of Incorporation **Profit Corporation**

PAI

Pursuant to KRS 14A a	and KRS 271B, the un	dersigned applies to	qualify	and for	that purpose	submits the fol	lowing statements:
Article I: The name of	the corporation is CA	RS Complete A	uto Re	epair S	Service, Ir	ic.	-
Article II: The number							***************************************
Article III: The street a	ddress of the corporat	ion's initial registere	d office	in Kentu	ıcky is		
1060 B Brooks Hill Rd.		Brooks	KY	40109			
Street Address (No Post O	ffice Box Numbers)		atendal general report of the forest or de-		City	State	Zip Code
and the name of the ini	tial registered agent a	t that office is Ther	resa A	. Karn	es		
Article IV: The mailing	address of the corpor	ation's principal offic	e is				
1060 B Brooks H	ill Rd., Brooks, K	Y 40109					
Street Address or Post Off					City	State	Zip Code
Article V: The name ar	nd mailing address of	the incorporator is a	s follows	S :			
Theresa A Karnesl 1060 B Brooks Hill Rd.					Brooks, ł	Y	40109
Name	Street Address or Post	Office Box Number			City	State	Zip Code
Name	Street Address or Post	Office Box Number			City	State	Zip Code
Name	Street Address or Post	Office Box Number			City	State	Zip Code
Article VI: This applicat or the delayed effective							. The effective date
or the delayed effective	e date cannot be phor	to the date the appli	Cation	mea.	rne date and		ayed effective date and/or time)
I/We declare under per	nalty of perjury under t	he laws of the state	of Kentu	icky tha	t the foregoi	ng is true and co	orrect.
Thursa a	. Karnes	The resa F	A. Kor	NP 5	Pres.	2-13	-12
Signature of Incorporator	(4000	Printed Name	1 / (Title		Da	te
I, Theresa / Print Name of Registered	A. Komes			consent t	o serve as the r	registered agent on	behalf of the corporation.
Theresa a	. Lames	Theresa A.Ka	arnes	Pr	es.	<u></u>	-13-12-
Signature of Registered Ac	ent *	Printed Name		Title		Da	te