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LAOOAlison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
6/19/2014 1:57 PM
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

MOBILE PHONE REPAIR, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

418 E HIGH ST. LEXINGTON KY 40507
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is SHEA MAJORS

Article III: The mailing address of the limited liability company's initial principal office is

418 E HIGH ST LEXINGTON KY 40507
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.

Charleston L. Webb
Signature of Organizer

Charleston Webb, Manager
Printed Name & Title Date 6-16-14

[Signature]
Signature of Organizer

SHEA MAJORS, MEMBER
Printed Name & Title Date 6/18/14

SHEA MAJORS
Print Name of Registered Agent

consent to serve as the registered agent on behalf of the limited liability company.

[Signature]
Signature of Registered Agent

SHEA MAJORS 6/18/14
Printed Name Date