

## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 6/25/2020 8:44 AM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	1	es of Organization d Liability Company			KLC
Pursuant to KRS 14A and KRS	275, the un	dersigned applies to qualify	and for that purp	ose submits the	following statements:
Article I: The name of the limited	d liability co	ompany is:			
Eicher Cabinetry and Mill Work, LLC	•				
Article II: The street address of	the limited	liability company's initial regi	stered office in K	entuckv is:	
20 Arthur Carmen Lane		Garfiel		Kentucky	40140
Street Address Only (No Post Office B	Box Numbers	) City		State	Zip Code
and the name of the initial regist	ered agent	at that office is Amos Eicher,	Jr.		
Article III: The mailing address of					
20 Arthur Carmen Lane		Garfield		Kentucky	40140
Street Address or Post Office Box Nu	mber	City		State	Zip Code
Article IV: The limited liability co	mpany is to	be managed by (must chec	ck one):		
A. a ma	ınager(s).				
<del></del>	ember(s).				
Article V: This application will be	` ,	SI I I I I I		41411	ded The Wester day
or the delayed effective date can	•		is filed. The effec	ctive date is	
Please indicate the county in which y County: Breckinridge	our business	operates:			
	То со	mplete the following, please shad	e the box completely	<i>/</i> .	
Please indicate the size of your busin Small (Fewer than 50 employees) Large (50 or more employees)	ess: P	ease indicate whether any of the Women Owned Veteran	following applies to		ership:
Please indicate which of the following	g best descril	es your business:			
	Trade		onstruction inance, Insurance, Re ary Services	eal Estate	
I/We declare under penalty of pe	rjury under	the laws of the state of Kent	tucky that the fore	egoing is true an	d correct.
		ă .			
Signature of Organizer		Stephen G. Hop Printed Name & 1			June 24, 2020 Date
Signature of Organizer		Finded Name & I	itie		Date
Signature of Organizer		Printed Name & 1	itle		Date
I, Amos Eicher, Jr.		, consent to serve a	s the registered agen	on behalf of the lim	ited liability company.
Print Name of Registered Agent					
X Chun Siche	7	Amos Eicher, Jr		June 24,	2020
Signature of Registered Agent	A	Printed Name		Date	