



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**1048466.06**

amcray  
LAOO

**Alison Lundergan Grimes**  
**Kentucky Secretary of State**  
 Received and Filed:  
 2/14/2019 1:35 PM  
 Fee Receipt: \$40.00

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

Geno's Taxi, LLC

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

<u>1425 East Second Street</u>	<u>Maysville</u>	<u>Kentucky</u>	<u>41056</u>
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Jeffrey W. Brammer

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

<u>1425 East Second Street</u>	<u>Maysville</u>	<u>Kentucky</u>	<u>41056</u>
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).  
  X   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 \_\_\_\_\_.

Please indicate the county in which your business operates: County: <u>Mason</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input checked="" type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<u>[Signature]</u>	Craig F. Brammer	<u>2/14/19</u>
Signature of Organizer	Printed Name & Title	Date
<u>[Signature]</u>	Jeffrey W. Brammer	<u>2/14/19</u>
Signature of Organizer	Printed Name & Title	Date
I, <u>Jeffrey W. Brammer</u> , consent to serve as the registered agent on behalf of the limited liability company.		
Print Name of Registered Agent		
<u>[Signature]</u>	Jeffrey W. Brammer	<u>2/14/19</u>
Signature of Registered Agent	Printed Name	Date