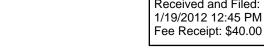
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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/19/2012 12:45 PM



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 Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS	L 275, the undersigned ε	applies to qualify and for that p	urpose submits the	following statements:
Article 1: The name of the limited Hart Rental.	d liability company is			·
Article II: The street address of	the limited liability com	npany's initial registered office	in Kentucky is	
273 Savatoga	Circle	Richmond	157	40475
		C 11 -	State +	Zip Code
and the name of the initial regist	ered agent at that offic	ce is Scott Har	1	
Article III: The mailing address	of the limited liability co	ompany's initial principal office	is	
273 Savatoga Street Address or Post Office Box Nu	Circle	Richmond	State	2ip Code
Article IV: The limited liability co	mpany is to be manag	ged by (must check one):		
Article V: This application will b	e effective upon filing,	unless a delayed effective date	e and/or time is prov	rided. The effective
date or the delayed effective da	e cannot be prior to th	e date the application is filed.	The date and/or tim	e is (Delayed effective date and/or time)
i/We #gclare under penalty of p	erjury under the laws c	of the state of Kentucky that the	e foregoing is true a	nd correct.
H /hs		Scott Hart Printed Name & Title	Member	1-19-2012
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent		_, consent to serve as the registered	agent on behalf of the li	mited liability company. $19 - 2012$
Signature of Registered Agent		Printed Name	Date	