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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/19/2015 8:47 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES. SECRETARY OF STATE

Division of Business Filings	Articles of Organ	ticles of Organization		KLC	
Business Filings PO Box 718 Atticles of Orga Limited Liability				ILLO	
Frankfort, KY 40602	,	, ,			
(502) 564-3490					
www.sos.ky.gov					
Pursuant to KRS 14A and KRS	275, the undersigned ap	plies to qualify and for th	at purpose submits	the following statements:	
Article I: The name of the limite	ed liability company is				
Intense Innovation Au	uto Body, LLC				
Article II: The street address of	the limited liability comp	any's initial registered of	fice in Kentucky is		
216 Barker Road		Lily	KY	40740	
Street Address Only (No Post Office	Box Numbers)	City	State	Zip Code	
	tanad arant at that affine	. Daniel Chris H	oskins		
and the name of the initial regis	tered agent at that office	ıs		·	
Article III: The mailing address	of the limited liability con	npany's initial principal o	fice is		
216 Barker Road		Lily	KY	40740	
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability of	omnany is to be manage	d by (must check one):		•	
Article 14. The arrived hability o	ompany is to be manage	a by (must officer offe).			
A. a manager(s).					
B. its member(s).					
Article V: This application will be	oe effective upon filing, ur	nless a delayed effective	date and/or time is	provided. The effective	
date or the delayed effective da	ate cannot be prior to the	date the application is fil	ed. The date and/or	time is 02/19/2015	
date of the delayed effective da	ne cannot be phor to the	date the application is in	ed. The date and/or	(Delayed effective date and/or time)	
I/We declare under penalty of p	erjury under the laws of t	the state of Kentucky tha	t the foregoing is tru	e and correct.	
D. Shirten Shair		Daniel Chris Hoskins		02/19/2015	
Signature of Organizer		Printed Name & Title		Date	
Signature of Organizer	•	Printed Name & Title	•	Date	
, Daniel Chris Hoskin	S				
Print Name of Registered Agent		, consent to serve as the regis	tered agent on behalf of t	the limited liability company.	
D. Monte 1	Speci	Daniel Chris Ho	skins 02	2/19/2015	
Signature of Registered Agent	· ·	Printed Name	Da	te	