

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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AMCRAY LAOO

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 8/5/2019 4:11 PM Fee Receipt: \$40.00

(502) 564-3490 www.sos.ky.gov	Limited Liability	ganization Company		KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned a	applies to qualify and for tha	t purpose submits t	the following statements
Article I: The name of the limited				
Article II: The street address of t	he limited liability com	pany's initial registered offic	ce in Kentucky is	
1226 Shaw Station Road, Street Address Only (No Post Office B	ox Numbers)	Leitchfield, City	KY State	42754 Zip Code
and the name of the initial registe	ered agent at that office	e is William McClellan Ragl	and, Jr	
Article III: The mailing address o	f the limited liability co	ompany's initial principal offic	ce is	
1226 Shaw Station Road, Street Address or Post Office Box Num	nber	Leitchfield, City	KY State	42754 Zip Code
Article IV: The limited liability cor	mpany is to be manag	jed by (must check one):		
A. a ma	nager(s).			
X B. its me	mher(s)			
e or the delayed effective date c	annot be prior to the o	date the application is filed.	The date and/or tin	ne is August 1, 2019.
		llowing, please shade the box co	mpletely.	
Please indicate the county in which you County: Grayson. Please indicate the size of your business.	To complete the fo	llowing, please shade the box con whether any of the following ap		
County: Grayson. Please indicate the size of your busine ☐ Small (Fewer than 50 employees)	To complete the fo	whether any of the following ap		
County: Grayson. Please indicate the size of your busine ☐ Small (Fewer than 50 employees) ☐ Large (50 or more employees)	To complete the fo	whether any of the following ap ned Ueteran Owned	plies to your business	
County: Grayson. Please indicate the size of your busine □ Small (Fewer than 50 employees) □ Large (50 or more employees) Please indicate which of the following □ Agriculture □ Wholesale Trade □ Public Administration □ Transp	To complete the formula ses: Please indicate Women Own best describes your busing Services Trade Manufa	whether any of the following apmed	plies to your business	
Please indicate the size of your busine Small (Fewer than 50 employees) Large (50 or more employees) Agriculture	To complete the forests: Please indicate Women Own best describes your busing Services Trade Manufa Fortation, Communications jury under the laws of	whether any of the following ap ned	plies to your business of Minority Owned ance, Real Estate he foregoing is true	ownership: and correct.
Please indicate the size of your busine Small (Fewer than 50 employees) Large (50 or more employees) Please indicate which of the following Agriculture Wholesale Trade Public Administration Transp Other We declare under penalty of per	To complete the forests: Please indicate Women Own best describes your busing Services Trade Manufa Fortation, Communications jury under the laws of	whether any of the following apmed	plies to your business on Minority Owned ance, Real Estate he foregoing is true	ownership: and correct.

William McClellan Ragland, Jr.

Printed Name

August 1, 2019

Date

Signature of Registered Ager

Division of Business Filings