



**COMMONWEALTH OF KENTUCKY**  
**ELAINE N. WALKER, SECRETARY OF STATE**

**Division of Business Filings**  
**Business Filings**  
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 Frankfort, KY 40602  
 (502) 564-3490  
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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 statement

Article I: The name of the limited liability company is

**Prestige Logistics, LLC**

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

<b>123 Cherry Hills Lane</b>	<b>Louisville</b>	<b>Kentucky</b>	<b>40245</b>
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is **Julia L. Combs**

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

<b>123 Cherry Hills Lane</b>	<b>Louisville</b>	<b>Kentucky</b>	<b>40245</b>
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).
- 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 **10/01/11**  
 (Delayed effective date and/or time)

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

	<b>Douglas C. Combs, Member</b>	<b>9/30/11</b>
Signature of Organizer	Printed Name & Title	Date
	<b>Julia L. Combs, Member</b>	<b>9/30/11</b>
Signature of Organizer	Printed Name & Title	Date

I, **Julia L. Combs**, consent to serve as the registered agent on behalf of the limited liability company.

<b>Julia L. Combs</b>	<b>Julia L. Combs</b>	<b>9/30/11</b>
Print Name of Registered Agent	Printed Name	Date
Signature of Registered Agent		