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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/4/2014 12:41 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718	Articles of Orga Limited Liability			KLC
Frankfort, KY 40602 (502) 564-3490		Company		
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	L 275, the undersigned a	pplies to qualify and for th	at purpose submits	the following statements
Article I: The name of the limited			an parpose sasimile	the lonowing statements
C & D Carpentry and		С		
Article II: The street address of t	he limited liability comp			
684 Ky 3439 Apt 2 Street Address Only (No Post Office B		Barbourvill	e Ky	40906
		City	State .	Zip Code
and the name of the initial registe	ered agent at that office	cody Baker		
Article III: The mailing address o	f the limited liability cor	mpany's initial principal of	fice is	
684 Ky 3439 Apt 2		Barbourvill		40906
Street Address or Post Office Box Nun	nber	City	State	Zip Code
Article IV: The limited liability cor A. a manager(s).	npany is to be manage	ed by (must check one):		·
B. its member(s).				
Article V: This application will be	effective upon filing, ur	nless a delayed effective o	date and/or time is p	rovided. The effective
date or the delayed effective date	cannot be prior to the	date the application is file	ed. The date and/or	time is
			,	(Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws of t	he state of Kentucky that	the foregoing is true	and correct.
Cod Bruker		Cody Bakei	MIMBER	2-2-8-14
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer				
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent		consent to serve as the registe	red agent on behalf of the	e limited liability company
Signature of Registered Agent		Cody Baker Printed Name	Date	2-28-14
			Date	