

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 2	275, the undersigned	applies to qualify and for that purp	ose submits the	e following statements:
Article I: The name of the limited Louisville Pawn, LLC	d liability company is			
Article II: The street address of to 813 Lyndon Ln. Suite C	npany's initial registered office in k Louisville	Centucky is KY	40222	
Street Address Only (No Post Office E	City	State	Zip Code	
and the name of the initial registe	ered agent at that offic	Eric Panknin ce is		*
Article III: The mailing address of 813 Lyndon Ln. Suite C	of the limited liability co	ompany's initial principal office is Louisville	KY	40222
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).			ad/artima ic arc	wided. The effective
	, , , , , , , , , , , , , , , , , , , ,	unless a delayed effective date and the date the application is filed. The		
I/We declare under penalty of pe	erjury under the laws o	of the state of Kentucky that the fo Eric Panknin - President	regoing is true a	and correct.
Signature of Organizer		Printed Name & Title Edward Panknin Jr Vice	e President	Date 1-12
Signature of Organizer		Printed Name & Title		Date
Eric Panknin I,		, consent to serve as the registered age	nt on behalf of the l	imited liability company.
Print Name of Begistered Agent		Eric Panknin		1/10/13
Signature of Registered Agent		Printed Name	Date	

(01/12)