

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/23/2019 8:26 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

| Division of Business Filings Business Filings | Articles of Organization |
|--|---------------------------|
| PO Box 718, Frankfort, KY 40602 | Limited Liability Company |
| (502) 564-3490 www.sos.kv.gov | |

KLC

vmiller

LAOO

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

Wilson's Auto Sales Lot 2, LLC

| Article II: The street address of the limited liability comp | any's initial registered office i | n Kentucky is | |
|--|-----------------------------------|---------------|----------|
| 1529 E. Highway 60 | Hardinshurg | KY | 40143 |
| 1529 E. Highway 60 Street Address Only (No Post Office Box Numbers) | City | State | Zip Code |
| and the name of the initial registered agent at that office | is Boyd Wilson | | |
| Article III: The mailing address of the limited liability cor | npany's initial principal office | is | |
| 1529 E. Highway 60 | Hardinsburg | KY | 40143 |
| 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 ______.

| Please indicate the county in which your business operates: County: Breckinridge | | | | | |
|--|--|---------------|-----------------------------------|--|--|
| To complete the following, please shade the box completely. | | | | | |
| Please indicate the size of | lease indicate the size of your business: Please indicate whether any of the following applies to your business ownership: | | | | |
| 🕅 🕅 Small (Fewer than 50 em | 🖾 Small (Fewer than 50 employees) 🛛 🖾 Women Owned 🖓 Veteran Owned 🖓 Minority Owned | | | | |
| Large (50 or more emplo | oyees) | | | | |
| Please indicate which of the following best describes your business: | | | | | |
| □ Agriculture | Mining | Services | | | |
| 🗆 Wholesale Trade | 🗖 Retail Trade | Manufacturing | 🗖 Finance, Insurance, Real Estate | | |
| Public Administration Transportation, Communications, Electric, Gas, Sanitary Services Other | | | | | |

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

| | Stephen G. Hopkins | 09/17/19 | | |
|---|--|----------|--|--|
| Signature of Organizer | Printed Name & Title | Date | | |
| Signature of Organizer | Printed Name & Title | Date | | |
| I, <u>Boyd Wilson</u> Print Name of Registered Agent | , consent to serve as the registered agent on behalf of the limited liability company. | | | |
| Run It Waltan | Boyd Wilson | 09/17/19 | | |
| Signature of Registered Agent | Printed Name | Date | | |