

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	Limited Liability (KLO
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	plies to qualify and for that pu	rpose submits the	following statements
Article I: The name of the limited	d liability company is			
Dixie Do's Salon				
A.S. I. H. The last address of	eli - 15 (a. a. 15). (b).	and initial registered office in	Kontuckyje	
Article II: The street address of the limited liability com 301 Keen Street		Burkesville	KY	42717
Street Address Only (No Post Office B	lox Numbers)	City	State	Zip Code
		Jacoica Flowers		
and the name of the initial registe	ered agent at that office	is Occasion Flowers		
Article III: The mailing address of	of the limited liability com	npany's initial principal office is	S	
301 Keen Street		Burkesville	KY	42717
Street Address or Post Office Box Nui	mber	City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be	e effective upon filing, ur	nless a delayed effective date	and/or time is pro	vided. The effective
date or the delayed effective date	e cannot be prior to the	date the application is filed. T	he date and/or tir	ne is
				(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws of t		foregoing is true a	and correct.
(un / tila.		Cannon Armstrong		10/30/13
Signature of Organizer		Printed Name & Title		Date
Cigature of Organizar		Printed Name & Title		Date
Signature of Organizer		Fillited Maine & Title		Dute.
Jessica Flowers		, consent to serve as the registered a	igent on behalf of the	limited liability company
Print Name of Registered Agent	0	Jessica Flowers	10.	29.13
Signature of Registered Agent (01/12)		Printed Name	Date	