



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
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 statements:

Article I: The name of the limited liability company is
JL Rentals, LLC.

Article II: The street address of the limited liability company's initial registered office in Kentucky is
1443 Junction Road **Falls of Rough** **KY** **40119**
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **Laura R. Davis**

Article III: The mailing address of the limited liability company's initial principal office is
1443 Junction Road **Falls of Rough** **KY** **40119**
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):

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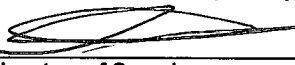
A. a manager(s).

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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 _____
(Delayed effective date and/or time)

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** **3/14/14**
Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, **Laura R. Davis**, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

 **Laura R. Davis** **3/14/14**
Signature of Registered Agent Printed Name Date