



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490

(01/12)

Articles of Organization Limited Liability Company KLC

(502) 564-3490 www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the under	ersigned applies to qualify and for that pu	rpose submits the	following statements
Article I: The name of the limited liability com	npany is		
Equator Transportation Limited	d Liability Company		
Article II: The street address of the limited lia	shility company's initial registered office is	Kontucky is	
620 Homestead Drive	Nicholasville	KY	40356
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent a	· ·		
and the name of the initial registered agent a	t that office is		
Article III: The mailing address of the limited	liability company's initial principal office i	S	
620 Homestead Drive	Nicholasville	KY	40356
Street Address or Post Office Box Number	City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be effective up	on filing, unless a delayed effective date	and/or time is pro	vided. The effective
date or the delayed effective date cannot be	prior to the date the application is filed.	he date and/or tin	(Delayed effective date and/or time)
I/We declare under penalty of perjury under t	he laws of the state of Kentucky that the	foregoing is true a	nd correct.
Office	Andrey Yashchuk /	Organizer	2/21/2012
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
, Alla Yashchuk	, consent to serve as the registered a	gent on behalf of the li	imited liability company.
Print Name of Registered Agent	Alla Yashchuk	2/21/2012	
Signature of Registered Agent	Printed Name	Date	