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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liabili			KLC	
Pursuant to KRS 14A and KRS 2	l 275, the undersigned	applies to qualify and for that p	ourpose submits the foll	owing statements	
Article I: The name of the limited	d liability company is				
Whitfill Machine & We	elding, LLC.				
Article II: The street address of t	the limited liability co	mpany's initial registered office	in Kentucky is		
139 Highway 84		Hudson	Kentucky	40145	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registe	ered agent at that of	_{ice is} David Whitfill			
Article III: The mailing address of	of the limited liability	company's initial principal office	a ie		
4966 Highway 401		Hudson	Kentucky	40145	
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 date or the delayed effective dat	_	-	·		
	·			(Delayed effective date and/or time)	
I/We declare under penalty of pe	erjury under the laws	of the state of Kentucky that th	e foregoing is true and	correct.	
		Stephen Hopkins	Attorney 5	5/13/11	
Signature of Organizer		Printed Name & Title	D	ate	
Signature of Organizer		Printed Name & Title		Pate	
David Whitfill Print/Name of Registered Agent,	, consent to serve as the registered agent on behalf of the limited liability company				
() and Whi	1 On and Suhulil		5/13/1	5/13/11	
Signature of Registered Agent		Printed Name	Date		