

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

1054524.06

amcray LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/8/2019 8:55 AM Fee Receipt: \$40.00

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of (Limited Liabili	Organization ity Company		KLC	
Pursuant to KRS 14A and KRS 2	275, the undersigne	ed applies to qualify and for that pu	rpose submits the fol	lowing statements:	
Article I: The name of the limited JACKSON'S LAKE RENTALS	l liability company i	is			
Article II: The street address of	he limited liability of	company's initial registered office in	Kentucky is		
1018 OLD HIGHWAY 60, SUITE 104		HARDINSBURG	KENTUCKY	40143	
Street Address Only (No Post Office E		City	State	Zip Code	
and the name of the initial registe	ered agent at that o	office is PATRICIA L. JACKSON			
		y company's initial principal office is	3	40140	
Street Address or Post Office Box Number		HARDINSBURG City	KENTUCKY State	40143 Zip Code	
Article IV: The limited liability co			Otato	Lip oode	
·		maged by (must check one).			
	ınager(s).				
B. its m	ember(s).				
Please indicate the county in which y County: BRECKINRIDGE	our business operates	:			
	To complete th	e following, please shade the box comple	tely.		
Please indicate the size of your business: ☐ Small (Fewer than 50 employees) ☐ Large (50 or more employees)			e whether any of the following applies to your business ownership: ned		
Please indicate which of the following	g best describes your b	ousiness:			
☐ Agriculture ☐ Minin ☐ Wholesale Trade ☐ Retail ☐ Public Administration ☐ Trans ☑ Other	Trade	vices	, Real Estate		
I/We declare under penalty of pe	rjury under the law	s of the state of Kentucky that the f STEPHEN G. HOPKINS,		correct. 4/5//9	
Signature of Organizer		Printed Name & Title		Date	
Signature of Organizer		Printed Name & Title		Pate	
I, PATRICIA L. JACKSON Print Name of Registered Agent		, consent to serve as the registered ac	, consent to serve as the registered agent on behalf of the limited liability company.		
X Fallicia X Jacks Or Signature of Registered Agent		PATRICIA L. JACKSON Printed Name	Date	0//1	