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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/5/2013 8:14 AM Fee Receipt: \$40.00



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	Articles of Organized Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned	applies to qualify and for that pu	urpose submits the	e following statements
Article I: The name of the limited	l liability company is			
THREE16 TRUCK	ING LLC			
Article II: The street address of	he limited liability con	npany's initial registered office in	n Kentucky is	
				42431
3190 ANTON RO Street Address Only (No Post Office E				Zip Code
and the name of the initial regist	ered agent at that office	ce is DENISE E M	AYES	
Article III: The mailing address of	of the limited liability c	company's initial principal office	is	
				42431
3190 ANTON ROAC Street Address or Post Office Box Nu	mber	MAP 150NVILL	State	<u> </u>
Article IV: The limited liability co	mpany is to be mana	ged by (must check one):		
Article V: This application will be	e effective upon filing,	unless a delayed effective date	and/or time is pro	ovided. The effective
date or the delayed effective dat	e cannot be prior to th	ne date the application is filed.	The date and/or tir	
				(Delayed effective date and/or time)
I/We declare under penalty of pe	riury under the laws o	of the state of Kentucky that the	foregoing is true a	and correct.
TO A IND	dean	DEMSE EMAYE		
Signature of Organizer	ryw.	Printed Name & Title	- dwner	09 0 4 1 3 Date
Signature of Organizer		Printed Name & Title	and the state of t	Date
Print Name of Registered Agent	Haero	, consent to serve as the registered a		limited liability company.
Signature of Registered Agent	9	Printed Name	Date	

(01/12)