

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	1	of Organization ability Company		KLC
Pursuant to KRS 14A and KRS	275, the unders	signed applies to qualify and for that	purpose submits th	ne following statements:
Article I: The name of the limite				•
C2 Engineered Solutions LLC	a maximity comp	u.,		
Article II: The street address of	the limited liabi	ility company's initial registered office	e in Kentucky is	
13318 Creekview Rd		Prospect	KY	40059
Street Address Only (No Post Office I	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at t	hat office is Angela Patrick		
Article III: The mailing address	of the limited lia	ability company's initial principal offic	e is	
13318 Creekview Rd		Prospect	KY	40059
Street Address or Post Office Box Nu	ımber	City	State	Zip Code
Article IV: The limited liability of	ompany is to be	e managed by (must check one):		
A. am	anager(s).			
	nember(s).			
	` '			
		n filing, unless a delayed effective da		
or the delayed effective date car	nnot be prior to	the date the application is filed. The	date and/or time i	S <u>6/20/2019</u> .
Please indicate the county in which	vour husiness one	aratas:	***	
County: Oldham	your business ope			
	To comple	ete the following, please shade the box com	pletely.	
Please indicate the size of your busing	ness: Please	e indicate whether any of the following ma	ke up more than fifty	percent (50%) of your
Small (Fewer than 50 employees)		ess ownership:	That is a wife of Command	
Large (50 or more employees)		omen-Owned Veteran Owned	Minority Owned	
Please indicate which of the following Agriculture Mini		/ Services Construction		
		The state of the s	nce, Real Estate	
	The second secon	unications, Electric, Gas, Sanitary Services		
Other				
I/We declare under penalty of pe	eriury under the	e laws of the state of Kentucky that the	ne foregoing is true	and correct.
	,,	Angela Patrick / Owner	0	8/20/2019
Signature of Organizer		Printed Name & Title		Date
Me Cons		Matthew Patrick / President		8/20/2019
Signature of Organizer		Printed Name & Title		Date
I, Angela Patrick		, consent to serve as the registere	d agent on behalf of the	e limited liability company.
Print Name of Registered Agent		-		
		Angela Patrick	8/20	/2019

Printed Name

Date

Signature of Registered Agent