

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Business Filings	Articles of Organization	NLC
PO Box 718	Nonprofit Limited Liability Company	
Frankfort, KY 40602 (502) 564-3490		
www.sos.ky.gov	A	-
Pursuant to KRS 14A and KRS 275,	l , the undersigned applies to qualify and for that purpose submits t	the following statements:
Article I: The name of the non-profit	limited liability company is	
New Bea	Manings Ministries LLC	
Article II: The street address of the	non-profit limited liability company's initial registered office in Ken	itucky is
LIDIO 11 M	ain Street Harriss 11	42011
Street Address Only (No Post Office B	lox Numbers) City S	itate Zip Code
and the name of the initial registered	dagent at that office is <u>Sondra Sower</u>	-bq
Article III: The mailing address of th	e non-profit limited liability company's initial principal office is	
1149 Billuamt	Hill Rd. Hodinsville	KV 42240
Street Address or Post Office Box	Number City S	State Zip Code
Article IV: The non-profit limited liab	oility company is to be managed by (must check one):	
A. a manager(s).		
B. its member(s).		
Article V: The purpose of the non-pr	rofit limited liability company is:	
to Sincelina)	as a church and trans-t	enste mor aft
10 10000	33 a Charac and To sprare	CUS TRE LOUI OF 10
Article VI: This application will be effective date cannot be price	ective upon filing, unless a delayed effective date and/or time is p or to the date the application is filed. The date and/or time	provided. The effective date or the
,	(Delaye	ed effective date and/or time)
I/We declare under penalty of perjury	y under the laws of the state of Kentucky that the foregoing is true	e and correct.
Edol & Bron	Eddie R. Brand	3/4/15
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Sa da Santa		
Print Name of Registered Agent	consent to serve as the registered agent on	behalf of the limited liability company.
Sada - Soull	Santre Sound to	3/4/15
Signature of Registered Agent	Printed Name	Date