



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Organization  
Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is: **BANKMULE, LLC**

Article II: The street address of the limited liability company's initial registered office in Kentucky is:  
**15 River Bend Drive**

**Paintsville**

**KY**

**41240**

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **Barry M. Fannin**

Article III: The mailing address of the limited liability company's initial principal office is:  
**15 River Bend Drive**

**Paintsville**

**KY**

**41240**

Street Address or Post Office Box Number

City

State

Zip Code

Article IV: The limited liability company is to be managed by (must check one):

Article

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A. a manager(s).

B. its member(s).

Article V: This application will be effective upon filing.

☒ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Organizer

**Barry M. Fannin**

Print Name of Registered Agent

Signature of Registered Agent

Print Name of Registered Agent

**Barry M. Fannin, Member** **12/15/20**

Printed Name & Title

Date

I, **Barry M. Fannin**, consent to serve as the registered agent on behalf of the limited liability company.

**Barry M. Fannin** **12/15/20**

Printed Name

Date