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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/22/2024 3:35 PM Fee Receipt: \$40.00



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:

Bourbon 1515 LLC

 Article II: The street address of the limited liability company's initial registered office in Kentucky is:

 101 S 5th St Ste 2500
 Louisville
 KY
 40202

 Street Address Only (No Post Office Box Numbers)
 City
 State
 Zip Code

 and the name of the initial registered agent at that office is
 Dinsmore Agent Co.
 Image: Company of the initial registered agent at that office is
 Image: Company of the initial registered agent at that office is

Article III: The mailing address of the limited liability company's initial principal office is:

| 1515 Ormsby Station Court | Louisville | KY | 40223 |
|--|------------|-------|----------|
| 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):

| V | • | |
|---|---|--|
| | | |

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

| /s/ Neil P. Ramsey | Neil P. Ramsey, Manager | 05/22/2024 | | |
|---|--|---|--|--|
| Signature of Organizer | Printed Name & Title | Date | | |
| Signature of Organizer | Printed Name & Title | Date | | |
| I, Dinsmore Agent Co. Print Name of Registered Agent | , consent to serve as the registered agent o | _, consent to serve as the registered agent on behalf of the limited liability company. | | |
| /s/ Wayne F. Wilson Signature of Registered Agent | Wayne F. Wilson Printed Name | 05/22/2024 Date | | |