

## 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		icles of Organization ited Liability Company		KLC
Pursuant to KRS 14A and KR	RS 275, the	undersigned applies to qualify and for that purpos	se submits the fo	llowing statements:
Article I: The name of the lim	ited liability	company is		
2		BANKFULL, LLC		
Article II: The street address	of the limit	ed liability company's initial registered office in Ke	ntucky is	
2516 Sandersville Rd.		Lexington	KY	40511
Street Address Only (No Post Offi	ce Box Num	pers) City	State	Zip Code
and the name of the initial reg	gistered ag	ent at that office is Charles M. Davis		
Article III: The mailing address	ss of the lin	nited liability company's initial principal office is		
2516 Sandersville Rd.		Lexington	KY	40511
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):		
A. a	manager(s	s).		
X B. its	s member(	s).		
Please indicate the county in white County: Fayette	ch your busir	ess operates:		
	To	complete the following, please shade the box completely.		
Please indicate the size of your business:  ☐ Small (Fewer than 50 employees)  ☐ Large (50 or more employees)		Please indicate whether any of the following applies to y  ☐ Women Owned ☐ Veteran Owned ☐ Minor	your business owner ity Owned	ship:
Please indicate which of the follo	wing best de	scribes your business:		
☐ Wholesale Trade	lining etail Trade ransportation	☐ Services ☐ Construction ☐ Manufacturing ☐ Finance, Insurance, Re- , Communications, Electric, Gas, Sanitary Services	al Estate	
I/We declare under penalty of	perjury un	der the laws of the state of Kentucky that the fore	going is true and	
19 / 1sele/		Brian J. Belcher, President		08/28/2019
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
I, Charles M. Davis		, consent to serve as the registered agent	on behalf of the limite	ed liability company.
Print Name of Registered Agent	\			
Cincolar of Basis and Association		Charles M. Davis, Vice President	08/28/201	9
Signature of Registered Agent		Printed Name	Date	