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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/8/2016 10:39 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

KI C

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability C			REG
Pursuant to KRS 14A and KRS 2	ı 275, the undersigned app	lies to qualify and for that	purpose submits the follo	owing statements:
Article I: The name of the limited	l liability company is			
Bedrock Properties, L	LC			
Article II: The street address of t	the limited liability compa	nv's initial registered office	e in Kentuckv is	
809 Park Avenue		Newport	Kentucky	41071
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ared egent at that office is	Jennifer Lynn Ha	aines	
				about the second section of the second section of the second section of the second sec
Article III: The mailing address of	of the limited liability comp			
809 Park Avenue		Newport	Kentucky	41071
Street Address or Post Office Box Number		City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be	effective upon filing unl	ess a delaved effective da	ate and/or time is provide	d. The effective
date or the delayed effective dat	e cannot be prior to the d	ate the application is filed	. The date and/or time is	(Delayed effective date and/or time)
I/We declare under penalty of pe	Janes	e state of Kentucky that the Jennifer Lynn Ha	ines $\frac{2}{2}$	correct.
Signature of Organizer	/	rimled Name & The	<i>-</i>	uic
Signature of Organizer		Printed Name & Title	D	ate
Jennifer Lynn Haines Print Name of Registered Agent	<u> </u>	consent to serve as the registere	. /1	d liability company.
Signature of Registered Agent	10000	Jennifer Lynn Ha	Date	116
(01/12)				