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Alison Lundergan Grimes Kentucky Secretary of State

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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	Articles of Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned a	pplies to qualify and for that	ourpose submits the follo	owing statements:
Article I: The name of the limited	I liability company is			
Two Brothers Bar & G	rill LLC			
Article II: The street address of t	he limited liability comp	pany's initial registered office	in Kentucky is	
4229 Bardstown Rd S		Louisville	Kentucky	40218
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	YURIDELIA ESP	ALTER NAVARI	RO
Article III: The mailing address of	of the limited liability cor	mpany's initial principal office	e is	
4229 Bardstown Rd Ste 202		Louisville	Kentucky	40218
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be date or the delayed effective date	effective upon filing, u	nless a delayed effective dat		
Cale of the delayed effective date	e cannot be prior to the	date the application is flied.	The date and/or time is	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of			
The state of		Marlon J Miranda Villanueva/ MEMBER 03/		
Signature of Organizer		Printed Name & Title		ate
Signature of Organizer		Printed Name & Title	Da	ate
YURIDELIA ESPALT	ER NAVARRO	, consent to serve as the registered	agent on behalf of the limited	liability company.
Print Name of Registered Agent		YURIDELIA ESPALTER NAVARRO 03/17/2014		
Signature of Registered Agent		Printed Name	Date	

(01/12)