



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Reservation or Renewal of Reserved Name  
(Domestic or Foreign Entity)**

RES

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 or 386, the undersigned applies to reserve or renew a name and, for that purpose, submits the following statement:

1. The activity request is:

- Reservation
- Renewal

2. The proposed name to be reserved or renewed with the Secretary of State for a period of 120 days is  
Central Kentucky Pools, LLC

3. The name is reserved as:

- A corporate name (KRS 271B, KRS 273 or KRS 274)
- A limited liability company name (KRS 275)
- A limited partnership name (KRS 362)
- A limited liability partnership name (KRS 362)
- A business trust name (KRS 386)
- A limited cooperative association
- A statutory trust
- Other

4. The name and mailing address of the applicant is:

115 Bold Bidder Ct	Georgetown	Kentucky	40324
Street Address or Post Office Box Number	City	State	Zip

5. This application will be effective upon filing.

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

*John McC*  
Signature of Applicant

John McCullough President 11/27/23

Printed Name

Title

Date

**FILING INSTRUCTIONS  
RESERVATION OR RENEWAL OF RESERVED NAME**

**NAME**

The name must be available according to the records with the Office of the Secretary of State. In order to confirm if a name is available, visit the organizational search tool at [www.sos.ky.gov](http://www.sos.ky.gov). A name may be renewed thirty days prior to the expiration.

**WHO MAY SIGN**

The document must be signed by the applicant.

**APPLICANT ADDRESS**

The applicant address is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where all correspondence from the Office of the Secretary of State will be mailed.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the applicant address. If the applicant wishes for the document to be sent to an alternate address other than the applicant address, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**FILING FEE**

The filing fee for this document is \$15.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Michael Adams  
Office of the Secretary of State  
P.O. Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 152, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call (502) 564-3490.