

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 Organiz Limited Liability C			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					
Bluegrass Financial Services LLC					
Article II: The street address of the limited liability company's initial registered office in Kentucky is					
1011 East 4th Street		Owensboro	KY	42303	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registered agent at that office is Frank Harmon					
Article III: The mailing address of the limited liability compan		-		42202	
35 Stone Creek Park		Owensboro	KY	42303 Zip Code	
Street Address or Post Office Box Nun	City	State	Zip Code		
Article IV: The limited liability company is to be managed by (must check one):					
A. a manager(s).					
B. its member(s).					
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Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective					
date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is					
				(Delayed effective date and/or time)	
I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.					
trank Harmon		Frank Harmon, member		12/29/2014	
		Printed Name & Title		Date	
Jun Stells		Jim Stiles, member		12/29/2014 Date	
Signature of Organizer	·	rinted Name & Title		Date	
Frank Harmon, consent to serve as the registered agent on behalf of the limited liability company.					
Print Name of Registered Agent		Frank Harmon	12/29/2014		
Signature of Registered Agent		Printed Name	Date		

(01/12)