



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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**Alison Lundergan Grimes**  
**Kentucky Secretary of State**  
 Received and Filed:  
 12/2/2019 7:34 AM  
 Fee Receipt: \$40.00

Division of Business Filings  
 Business Filings  
 PO Box 718, Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Articles of Organization**  
**Limited Liability Company**

**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  
Bardstown Barrel Company, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is  
3500 PNC Tower, 101 S. Fifth Street Louisville KY 40202  
 Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is 3300, LLC

Article III: The mailing address of the limited liability company's initial principal office is  
1500 Parkway Drive Bardstown KY 40004  
 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).  
  X   B. its member(s).

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 \_\_\_\_\_.

Please indicate the county in which your business operates: County: <u>Nelson</u>	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following applies to your business ownership: <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Michael J. Holtz Michael J. Holtz, Organizer 11/27/19  
 Signature of Organizer Printed Name & Title Date

Jeffrey A. McKenzie Jeffrey A. McKenzie 11/27/19  
 Signature of Organizer Printed Name & Title Date

I, Jeffrey A. McKenzie, Manager, 3300 LLC, consent to serve as the registered agent on behalf of the limited liability company.  
 Print Name of Registered Agent

Jeffrey A. McKenzie Jeffrey A. McKenzie 11/27/19  
 Signature of Registered Agent Printed Name Date