



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 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

New Again Painting and Construction LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

22 McDowell Drive

Street Address Only (No Post Office Box Numbers)

Nicholasville

City

Kentucky

State

40356

Zip Code

and the name of the initial registered agent at that office is

Adam Ray Raines

Article III: The mailing address of the limited liability company's initial principal office is

20 McDowell Drive

Street Address or Post Office Box Number

Nicholasville

City

Kentucky

State

40356

Zip Code

Article IV: The limited liability company is to be managed by (must check one):

Division of E

Business Fil

PO Box 718 F

(502) 564-3490

A. a manager(s).

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 10-17-2019

Article VI

Please indicate the county in which your business operates:

County: Whitley Co / Fayette Co

To complete the following, please shade the box completely.

Please indicate the size of your business:

☒ Small (Fewer than 50 employees)

☐ Large (50 or more employees)

Please indicate whether any of the following applies to your business ownership:

☐ Women Owned

☐ Veteran Owned

☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture

☐ Mining

☐ Services

☒ Construction

☐ Wholesale Trade

☐ Retail Trade

☐ Manufacturing

☐ Finance, Insurance, Real Estate

☐ Public Administration

☐ Transportation, Communications, Electric, Gas, Sanitary Services

☐ Other

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

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

Print Name of Registered Agent

Printed Name

Date

Signature of Registered Agent