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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/10/2014 10:03 AM Fee Receipt: \$40.00



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 Organizati Limited Liability Com			KLC
Pursuant to KRS 14A and KRS 2	l	to qualify and for that p	ourpose submit	s the following statements
Article I: The name of the limited	d liability company is			
Life Brewpub, LLC				
Article II: The street address of t	the limited liability company's	initial registered office	in Kentucky is	
2319 Pierson Dr.	the limited hability company s	Lexington	KY	40505
Street Address Only (No Post Office B	Box Numbers)	City	State	Zip Code
and the name of the initial registe	arad arant at that affice is N	athan Harrison		
and the name of the initial registe	ered agent at that office is			·
Article III: The mailing address of	of the limited liability company	s initial principal office	is	
2319 Pierson Dr.		Lexington	KY	40505
Street Address or Post Office Box Nur	mber	City	State	Zip Code
Article IV: The limited liability co. A. a manager(s). B. its member(s).	mpan <u>y</u> is to be managed by ((must check one):		
Article V: This application will be	e effective upon filing, unless	a delayed effective date	e and/or time is	s provided. The effective
date or the delayed effective date	e cannot be prior to the date t	the application is filed	The date and/	or time is
,	o carmet se prior to the date.	are application to flicu.	The date and/	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of the sta	ate of Kentucky that the	foregoing is tr	rue and correct.
1		than Harrison, member		12/05/2014
Signature of Organizer P		ed Name & Title		Date
ignature of Organizer Pri		ed Name & Title		Date
Nathan Harrison Print Name of Registered Agent	, conse	nt to serve as the registered	agent on behalf of	f the limited liability company.
Natha Marriso		than Harrison	1	2/05/2014
Signature of Registered Agent	Printe	ed Name	D	ate