

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Michael G. Adams Kentucky Secretary of State Received and Filed: 1/14/2025 2:48 PM Fee Receipt: \$40.00

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

Articles of Organization Limited Liability Company

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:

B&C Holdings of Kentucky, LLC

Article II: The street address of the limited liability com 971 Squire Valley Dr.	Crescent Springs	KY	41017
971 Squile Valley DI.	Crescent Springs		
street Address Only (No Post Office Box Numbers)	City	State	Zip Code

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

971 Squire Valley Dr.	Crescent Springs	KY	41017
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).

B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check one (required): _ This entity is a tobacco retailer as defined by KRS 438.305(9)

 $\overline{\mathbf{x}}$ This entity is NOT a tobacco retailer as defined by KRS 438.305(9)

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

/s/ William C. Bray	William C. Bray, Organizer	01/13/2025			
Signature of Organizer	Printed Name & Title	Date			
Signature of Organizer	Printed Name & Title	Date			
I, William C. Bray Print Name of Registered Agent	, consent to serve as the registered agen	_, consent to serve as the registered agent on behalf of the limited liability company.			
/s/ William C. Bray	William C. Bray	01/13/2025			
Signature of Registered Agent	Printed Name	Date			