

## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

1094393.06

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Michael G. Adams Kentucky Secretary of State Received and Filed:

4/22/2020 3:17 PM Fee Receipt: \$40.00

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

Articles of Organization Limited Liability Company

www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the undersigned	d applies to qualify and for that pu	irpose submits the f	ollowing statements:
Article I: The name of the limited liability company is	::		
Berneil Mills Rental Prope	sty, LLC	_	
Article II: The street address of the limited liability co	ompany's initial registered office in		
21 Adams Lane Street Address Only (No Post Office Box Numbers)	Barbourville	Ky	<u>40906</u> Zip Code
			Zip Code
and the name of the initial registered agent at that of	fice is <u>Berneil</u> Mills		
Article III: The mailing address of the limited liability			
21 Adams Lane Street Address or Post Office Box Number	Barbourville	hy	40906
		State	Zip Code
Article IV: The limited liability company is to be man	aged by (must check one):		
A. a manager(s).			
B. its member(s).			
Article V: This application will be effective upon filing	g, unless a delayed effective date	and/or time is provi	ded. The effective date
or the delayed effective date cannot be prior to the d	ate the application is filed. The e	ffective date is	•
Please indicate the county in which your business operates:  County:			
To complete the	following, please shade the box comple		
	ate whether any of the following applie Dwned Veteran Owned N	s to your business own ⁄linority Owned	ership:
✓Small (Fewer than 50 employees)  ☐Large (50 or more employees)  ☐Women C	owned Veteral Owned In	vimonty Owned	
Please indicate which of the following best describes your bu	usiness:		
Agriculture Mining Servi		- Darl Fatata	
	ufacturing Finance, Insurance ons, Electric, Gas, Sanitary Services	e, Real Estate	
Other			
I/We declare under penalty of perjury under the laws	of the state of Kentucky that the	foregoing is true an	d correct.
Judi	Shaw Owens, A-	Horney	4/22/20
Signature of Organizer	Printed Name & Title		Date
	Distribution 0 Title		Date
Signature of Organizer	Printed Name & Title  , consent to serve as the registered a	goest on behalf of the lim	
Print Name of Registered Agent	, consent to serve as the registered a	agent on benan or the im	mod hability company.
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Serve IVV &	Serneil Mills	Date	- 77-70
Signature of Registered Agent	Printed Name	Date	