

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

Division of Business Filings **Business Filings** 

PO Box 718

Articles of Organization Limited Liability Company

KLC

Frankfort, KY 40602 (502) 564-3490 www sos ky gov		
Pursuant to KRS 14A and KRS 275, the u	undersigned applies to qualify and for that purpose submit	s the following statements:
Article I: The name of the limited liability of the liability of	company is <u>national Farmlus Enterpris</u>	es LLC
_	the distriction of the state of	40212 Zip Code
Article III: The mailing address of the limit	ted liability company's initial principal office is  Street Lousille Ky City State	40212. Zip Code
Article IV: The limited liability company is  A a manager(s)  B its member(s)		
• •	e upon filing, unless a delayed effective date and/or time is be prior to the date the application is filed The date and/	
I/We declare under penalty of perjury under the state of	er the laws of the state of Kentucky that the foregoing is to    Lawa Pest Rysgram (obvertible)   Printed Name & Title	
Signature of Organizer	Printed Name & Title	Date
Print Name of Registered Agent  Signature of Registered Agent  (01/12)	consent to serve as the registered agent on behalf o	f the limited liability company  5/12/14