

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1396404.06

Fee Receipt: \$40.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/19/2024 3:25 PM

**KLC** 

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

**Articles of Organization Limited Liability Company** 

(502) 564-3490 www.sos.ky.gov		
Pursuant to KRS 14A and KRS 275, the t	undersigned applies to qualify and for that purp	ose submits the following statements:
Article I: The name of the limited liability	company is:	
Hawk Ridge Farm, LLC		
Article II: The street address of the limite	ed liability company's initial registered office in l	Kentucky is:
193 Applegate Run	Shepherdsville	KY 40165
Street Address Only (No Post Office Box Number		State Zip Code
and the name of the initial registered age	ent at that office is Byron S. Warren	
Article III: The mailing address of the lim	nited liability company's initial principal office is:	
193 Applegate Run	Shepherdsville	KY 40165
Street Address or Post Office Box Number	City	State Zip Code
B. its member(s	may be stated in the space below or additional pages r	nay be attached and incorporated by reference
veteran-owners with redactions to remove	iness as defined by KRS 14A.1-070(45) (Include DD- social security numbers, dates of birth, and home a destroyed after verification by the Secretary of Sta	addresses. Note: DD-214s will
	der the laws of the state of Kentucky that the fo	
Mirandal Warren	Miranda L. Warren, Presi	
Signature of Organizer	Printed Name & Title Byron S. Warren, Vice Pi	Date President 09/19/2024
Signature of Organizer	Printed Name & Title	Date
Byron S. Warren Print Name of Registered Agent		ent on behalf of the limited liability company.
7	Byron S. Warren	09/19/2024
Signature of Registered Agent	Printed Name	Date