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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

Received and Filed: 1/20/2012 12:56 PM 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 Organization Limited Liability Comp			KLC
Pursuant to KRS 14A and KRS 2	1 275, the undersigned applies t	o qualify and for that p	urpose submits the	following statements
Article I: The name of the limited	d liability company is			
McTavish Farms, LLC	<u> </u>			
Article II: The street address of	the limited liability company's i	nitial registered office	in Kentucky is	
2510 Lakeside Drive		Louisville	KY	40205
Street Address Only (No Post Office B	Box Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office is Ke	evin A. McTavis	h	
•				<del></del> '
Article III: The mailing address of	of the limited liability company's	• •		
2510 Lakeside Drive		Louisville	KY	40205
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co  A. a manager(s).  B. its member(s).	mpany is to be managed by (r	nust check one):		
Article V: This application will be	effective upon filing, unless a	delayed effective date	e and/or time is prov	vided. The effective
date or the delayed effective date	e cannot be prior to the date th	ne application is filed.	The date and/or tim	(Delayed effective date and/or time)
I/We declare under penalty of pe	• •	•	• •	
Signature of Organizer Prin		vin A. McTavish, Manager		01/19/2012
Signature of Organizer	Printe	d Name & Title		Date
Signature of Organizer	Printe	d Name & Title		Date Date
Kevin A. McTavish Print Name of Registered Agent		it to serve as the registered	-	
King C. M. Zern Signature of Registered Agent	∡ Kev	in A. McTavish	01/19	9/2012
Signature of Registered Agent	Printe	d Name	Date	