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Fee Receipt: \$40.00

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/6/2013 10:54 AM



## 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 Org Limited Liabili			KLC
Pursuant to KRS 14A and KRS	275, the undersigned	applies to qualify and for that purp	ose submits the	e following statement
Article I: The name of the limite	ed liability company is			
Country Ties LLC				
Article II: The street address of	the limited liability co	mpany's initial registered office in h	Kentucky is	
9530 Quicks Run Road		Vanceburg	KY	41179
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regis	torad agent at that of	Caroline Rose Lewi	is	
and the name of the initial regis	tered agent at triat or	lice is	916	
Article III: The mailing address	of the limited liability	company's initial principal office is		
9530 Quicks Run Road		Vanceburg	KY	41179
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability of A. a manager(s).  B. its member(s).  Article V: This application will be	50 27 202	, unless a delayed effective date a	nd/or time is pro	ovided. The effective
date or the delayed effective da	te cannot be prior to	the date the application is filed. The	e date and/or tir	me is
and or the delayed enective de	no carnot be prior to	are date the approach is med.	o date and/or th	(Delayed effective date and/or time)
I/We declare under penalty of p	erjury under the laws	of the state of Kentucky that the fo	regoing is true a	and correct.
Carolini Ben	. ~	Caroline Rose Lewis	. Owner	8/6/13
Signature of Organizer	2001	Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Caroline Rose Lewis	3			
Print Name of Registered Agent		consent to serve as the registered age Caroline Rose Lewis		mes A M 35
Signature of Registered Agent	ul			13
alunature of Registered Agent		Printed Name	Date	