

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

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Business Filings	Limited Liability Company			r.co
PO Box 718 Frankfort, KY 40602	ziiiiioa ziaziiiiy zeiiipaiiy			
(502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	75, the undersigned applies to qu	alify and for that	purpose submits the	following statements:
Article I: The name of the limited	l liability company is			
Niji Farm LLC	secretarian v. 1/400			
Article II: The street address of t	he limited liability company's initial	registered offic	e in Kentucky is	
306 W. Main Street, Suite 512		ankfort	KY	40601
Street Address Only (No Post Office Box Numbers)		ty	State	Zip Code
and the name of the initial registe	ered agent at that office is	poration System		
Ť	-			*
Article III: The mailing address of the limited liability company's initial principal office is				
122B W. 2nd St.,	О	wensboro	KY	42303
Street Address or Post Office Box Nur	nber C	ty	State	Zip Code
A. a manager(s). B. its member(s).	mpany is to be managed by (must		ate and/or time is pro	wided. The effective
Afficie V. This application will be	e effective upon fining, unless a dea	iyed enective d	ate and/or time is pre	vided. The checkive
date or the delayed effective date	e cannot be prior to the date the ap	plication is filed	 The date and/or tir 	ne is (Delayed effective
				date and/or time)
I/We declare under penalty of pe	rjury under the laws of the state of	Kentucky that t	he foregoing is true a	and correct.
	Len Caso	n, organizer		2/6/12
Signature of Organizer	Printed Nar	ne & Title	Date	
Signature of Organizer	Printed Nat	ne & Title	·	Date
C T Corporation System	concent to e	erve as the register	ed agent on behalf of the	limited liability company
Print Name of Registered Agent C T Corporation System	, oursoin to s	_, consent to serve as the registered agent on behalf of the limited liability company		
Signature of Registered Agent	Printed Nar	ne	Date	

(01/12)