

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

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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/8/2024 10:05 AM Fee Receipt: \$40.00

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

## Articles of Organization Limited Liability Company

**KLC** 

| Pursuant to KRS 14A and KRS 275, the und  | ersigned applies to qualify and for that p   | urpose submits the       | e following statements:  |
|---|--|--------------------------|--------------------------|
| Article I: The name of the limited liability con Jackson Lane Investments, LLC.   | npany is:                                    |                          |                          |
| Article II: The street address of the limited lia   | ability company's initial registered office  | in Kentucky is:          | 14                       |
| 1018 Old US Highway 60  | Hardinsburg                                  | KY                       | 40143                    |
| Street Address Only (No Post Office Box Numbers)  | City   | State                    | Zip Code                 |
| and the name of the initial registered agent a  | t that office is Mitchell Jackson            |                          |                          |
| Article III: The mailing address of the limited   | liability company's initial principal office | is:                      |                          |
| PO Box 999  | Hardinsburg                                  | KY                       | 40143                    |
| Street Address or Post Office Box Number  | City   | State                    | Zip Code                 |
| Article IV: The limited liability company is to   | be managed by (must check one):              |                          |                          |
| X A. a manager(s).  | ,  |                          |                          |
| B. its member(s).   |  |                          |                          |
|   |  |                          |                          |
|   |  |                          |                          |
| ☐ If checked, this is a veteran-owned business veteran-owners with redactions to remove socion to be available for public view and will be dest | al security numbers, dates of birth, and hon | ne addresses. Note:      |                          |
| I/We declare under penalty of perjury under the   | he laws of the state of Kentucky that the    | foregoing is true a      | and correct.             |
|   | Stephen G. Hopkins                           |                          | 7/5/2024                 |
| Signature of Organizer  | Printed Name & Title                         |                          | Date                     |
| Signature of Organizer  | Printed Name & Title                         |                          | Date                     |
| I. Mitchell Jackson Print Name of Registered Agent  | , consent to serve as the registered a       | agent on behalf of the I | mited liability company. |
|   | Mitchell Jackson                             | 7/5/2                    | 024                      |
| Signature of Registered Agent   | Printed Name                                 | Date                     |                          |