

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

1104126.06

**Bdennis** LAOO

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 7/16/2020 8:15 AM Fee Receipt: \$40.00

**KLC** 

| Olvision of Business Filings<br>-O. Box 718<br>-rankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Articles of Organiza            | any                                       |                             | KLC                   |
|--|---------------------------------|---|-----------------------------|-----------------------|
| Pursuant to KRS 14A and KRS :  | 275, the undersigned applies    | to qualify and for that purpo             | se submits the follo        | wing statements:      |
| Article I: The name of the limited ASBURY FARMS, LLC   | d liability company is:         |   |                             | · .                   |
| Article II: The street address of 2853 ASBURY ROAD   | the limited liability company's | AUGUSTA                                   | KENTUCKT                    | 41002                 |
| Street Address Only (No Post Office I  | Box Numbers)                    | City                                      | State                       | Zlp Code              |
| and the name of the initial regist   | ered agent at that office is L  | UANN ASBURY                               |                             |                       |
| Article III: The mailing address   | of the limited liability compar | ny's initial principal office is: AUGUSTA | KENTUCKY                    | 41002                 |
| Street Address or Post Office Box Nu   | ımber                           | City                                      | State                       | Zip Code              |
| Article IV: The limited liability co   |                                 | (must check one):                         |                             |                       |
|  | anager(s).                      |   |                             | •                     |
| ✓ B its r  | nember(s).                      |   |                             |                       |
| Article V: This application will b   | e effective upon filing, unles  | application is most the                   |                             |                       |
| If checked, this business  | is veteran-owned as defined     | d by KRS 14A.2-070(45) for                | the purposes of 14A         |                       |
| I/We declare under penalty of p  | erjury under the laws of the    | state of Kentucky that the fo             | regoing is true and         | COTTOCK.              |
| L. O. a. Onlywy  |                                 | uAnn Asbury, Member                       | <u>(</u>                    | July 15, 2020         |
| Signature of Organizer   | Pri                             | inted Name & Title                        | *                           | ario ()               |
| Lillas adolywin  |                                 | uAnn Asbury, Member                       | J.                          | uly 15, 2020          |
| Signature of Organizer   | Pr                              | Inted Name & Title                        | y :                         | Sale                  |
| LuAnn Asbury Print Name of Registered Agent  | , co                            | nsent to serve as the registered ag       | ent on behalf of the limite | ed liability company. |
| P. Ana Andribi   | 1.                              | uAnn Asbury                               | July J                      | 5,2020                |
| Signature of Registered Agent  | Pı                              | rinted Name                               | (Pate                       | •                     |

Division of Business Filings