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Fee Receipt: \$40.00

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/20/2013 10:53 AM



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organization		KLC	
PO Box 718 Frankfort, KY 40602	Limited Liab	oility Company		
(502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS	275, the undersign	ned applies to qualify and for that po	urpose submits	the following statement
Article I: The name of the limite	ed liability company	ris		
Humus, LLC		, .		
Article II: The street address of	the limited liability	company's initial registered office i	n Kentucky is	
588 E. Fifth Street		Lexington	KY	40508
Street Address Only (No Post Office		City	State	Zip Code
and the name of the initial regis	tered agent at that	office is Jonathan Quinn S	Smith	
		ity company's initial principal office		
588 E. Fifth Street		Lexington	KY	40508
Street Address or Post Office Box No	umber	City	State	Zip Code
Article IV: The limited liability of	ompany is to be ma	anaged by (must check one):		
A. a manager(s).				
B. its member(s).				
Article V: This application will b	e effective upon fil	ing, unless a delayed effective date	and/or time is	provided. The effective
date or the delayed effective da	ite cannot be prior	to the date the application is filed.	The date and/o	time is 3/20/2013
,	•	•		(Delayed effective date and/or time)
I/We declare under penalty of p	frjury under the la	ws of the state of Kentucky that the	foregoing is tru	e and correct.
10 At		Jonathan Q. Smith	, Owner	3/20/2013
Signature of Organizer		Printed Name & Title		Date
		Jonathan Q. Smith, 0	Owner	3/20/32013
Signature of Organizer		Printed Name & Title		Date
Jonathan Quinn Sm	ith	, consent to serve as the registered	agent on behalf of	the limited liability company.
Print Name of Registered Agent		Jonathan Q. Smith 3/2		20/2013
Signature of Registered Agent		Printed Name	Da	te
(01/12)				