

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

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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/27/2024 2:08 PM Fee Receipt: \$40.00

KLC

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

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Pursuant to KRS 14A and KRS 275, the undersign	ed applies to qualify and for that purp	ose submits the	following statements:
Article I: The name of the limited liability company	is:		
Bobtown Farms, LLC		· ·	
Article II: The street address of the limited liability 1450 North Highway 837	company's initial registered office in F Science Hill	Kentucky is:	42553
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that	office is Chris Pierce		
Article III: The mailing address of the limited liability	ty company's initial principal office is:		
1450 North Highway 837	Science Hill	KY	42553
Street Address or Post Office Box Number	City	State	Zip Code
	· order		000.00
Article IV: The limited liability company is to be ma	anaged by (must check one):		
X A. a manager(s).			
B. its member(s).			
D. its member(s).			
(Additional articles not inconsistent with law may be state	ed in the space below or additional pages n	nay be attached and	incorporated by reference.)
	X		
		<i>(</i>	
☐ If checked, this is a veteran-owned business as de	fined by VDS 144 1 070/45) (Include DD	314 famos af all as	
☐ If checked, this is a veteran-owned business as de veteran-owners with redactions to remove social secu			
not be available for public view and will be destroyed			D LL 15 WIII
I/We declare under penalty of perjury under the lav	ws of the state of Kentucky that the for	regoing is true ar	nd correct
	To or the state of Horizonty that the for	logoling to trac ar	d dolloot.
/ has /	Chris Pierce, Manager		1-77-7174
Signature of Organizer	Printed Name & Title		6-61-2027 Date
Signature of Organizer	Printed Name & Title		Date
Chris Pierce			
	, consent to serve as the registered age	nt on behalf of the lim	nited liability company.
Print Name of Registered Agent		1	77 71011
(h)	Chris Pierce	6-	11-1024
Signature of Registered Agent	Printed Name	Date	
<b>/</b>			