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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/21/2025 4:00 PM Fee Receipt: \$40.00

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

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

Articles of Organization Limited Liability Company

**KLC** 

(502) 564-3490 www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the un	dersigned applies to qualify and for that purp	ose submits the fo	llowing statements:
Article I: The name of the limited liability co		ose submits the it	mowning statements.
Strode's Land Management & Cons			
Article II: The street address of the limited I	liability company's initial registered office in K	entucky is:	
109 E. Second Street	Tompkinsville	Kentucky	42167
Street Address Only (No Post Office Box Numbers	•	State	Zip Code
and the name of the initial registered agent	at that office is IIerra Brown		
Article III: The mailing address of the limiter	d liability company's initial principal office is:		
47 Strodetown Road	Tompkinsville	Kentucky	42167
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);		
A. a manager(s).	, ,		
X B. its member(s).			
of all prospective veteran-owners with redaction	as defined by KRS 14A.1-070(45) (Include copies as to remove social security numbers, dates of bit ublic view and will be destroyed after verification	th, and home addr	esses Note: DD-21/s
	er of authorized vapor products as defined by KRS		
/We declare under penalty of perjury under t	the laws of the state of Kentucky that the fore	going is true and	correct.
Furro Proum	Tierra Brown, Organizer		2/21/05
Signature of Organizer	Printed Name & Title	D	ate / d / d / d / d
Signature of Organizer	Printed Name & Title	D	ate
Print Name of Registered Agent	, consent to serve as the registered agent	on behalf of the limite	d liability company.
Turco Brown	Tierra Brown	212	1/25
Signature of Registered Agent	Printed Name	Date	-1