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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/30/2024 8:20 AM Fee Receipt: \$40.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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

Articles of Organization Limited Liability Company

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is: Schrock's Country Furniture LLC

| Article II: The street address of the limited liability comp | oany's initial registered office i | n Kentucky is: | |
|--|------------------------------------|----------------|----------|
| 9294 Castle Highway | Pleasureville | KY | 40057 |
| Street Address Only (No Post Office Box Numbers) | City | State | Zip Code |
| and the name of the initial registered agent at that office | e is James Edrington | | |

| Article III: The mailing address of the limited liability company's initial principal office is: | | | | | |
|--|---------------|-------|----------|--|--|
| 9294 Castle Highway | Pleasureville | KY | 40057 | | |
| 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):

| | Α. | a manager(s). | | | |
|---|----|---------------|--|--|--|
| Х | B | ite member(s) | | | |

B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

□ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

| James Solumton | James Edrington | 8-28-24 |
|--|--|--|
| Signature of Organizer | Printed Name & Title Sallie Edrington | Date 8 24 24 |
| Signature of Organizer | Printed Name & Title | Date |
| I, James Edrington Print Name of Registered Agent | , consent to serve as the registered age | nt on behalf of the limited liability company. |
| Jones Sdrigter | James Edrington | 8-28-24 |
| Signature of Registered Agent | Printed Name | Date |

(04/24)