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LAOOAlison Lundergan Grimes  
Kentucky Secretary of State  
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**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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

Articles of Organization  
Limited Liability Company

KLC

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

**Phillips Family Farms, LLC.**

Article II: The street address of the limited liability company's initial registered office in Kentucky is

**4456 Highway 629**

**Falls of Rough**

**Kentucky**

**40119**

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **Justin R. Phillips**

Article III: The mailing address of the limited liability company's initial principal office is

**4456 Highway 629**

**Falls of Rough**

**Kentucky**

**40119**

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).



B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

(Delayed effective  
date and/or time)

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

Signature of Organizer

**Stephen G. Hopkins, Attorney**

**3/12/2014**

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

**Justin R. Phillips**

Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the limited liability company.

Signature of Registered Agent

**Justin R. Phillips**

**3/12/2014**

Printed Name

Date