0930358.06

Fee Receipt: \$40.00

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/24/2015 1:09 PM



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 Orga Limited Liability | | | KLC |
|---|---------------------------------------|------------------------------------|-----------------------|--------------------------------------|
| Pursuant to KRS 14A and KRS 2 | 75, the undersigned a | pplies to qualify and for the | at purpose submit | ts the following statements |
| Article I: The name of the limited | liability company is | | | |
| Bella Hills Farm LLC | ,, | | | |
| | | | | |
| Article II: The street address of t | | | - | 40.475 |
| 212 N. 2nd Street, Sui | Richmond | KY | 40475 | |
| Street Address Only (No Post Office B | ox Numbers) | City | State | Zip Code |
| and the name of the initial registe | ered agent at that office | _{e is} Northwest Reg | istered Ager | nt LLC |
| Article III: The mailing address o | f the limited liability co | mnany's initial principal off | ico is | |
| 5968 Hwy 167 | Monticello | | 40622 | |
| Street Address or Post Office Box Nun | | KY KY | 42633 | |
| Street Address of Fost Office Box Num | iber | City | State | Zip Code |
| Article IV: The limited liability cor A. a manager(s). B. its member(s). | mpany is to be manage | ed by (must check one): | | |
| Article V: This application will be | effective upon filing, u | ınless a delaved effective o | date and/or time is | s provided. The effective |
| | | | | |
| date or the delayed effective date | e cannot be prior to the | date the application is file | a. The date and/ | (Delayed effective date and/or time) |
| I/We declare under penalty of per | jury under the laws of | the state of Kentucky that | the foregoing is to | rue and correct. |
| Morgan John | | Morgan Noble, 0 | Organizer | 08/24/2015 |
| Signature of Organizer | | Printed Name & Title | Printed Name & Title | |
| Signature of Organizer | | Printed Name & Title | | Date |
| Northwest Registered | I Agent LLC | _, consent to serve as the registe | red agent on behalf o | f the limited liability company |
| Print Name of Registered Agent | | | | |
| 10h (Tlove | | Tom Glover | | 8/24/2015 |
| Signature of Registered Agent | | Printed Name | D | Pate |