



Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 6/5/2019 1:30 PM Fee Receipt: \$40.00

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

amcray LAOO

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

Live Oak Properties, LLC

Article II: The street address of the limited liability com	pany's initial registered office in	i Kentucky is	
700 Elm Street	Elizabethtown	KY	42701
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office	e isJena H. Pate		
vrticle III: The mailing address of the limited liability co	mpany's initial principal office is	S	

700 Elm Street	Elizabethtown	KY	42701
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).

х 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 _____

Please indicate the county County: Hard		ness operates:					
To complete the following, please shade the box completely.							
		Please indicate whethe	any of the following applies to your business ownership:				
Please indicate which of the following best describes your business:							
□ Agriculture	□ Mining	□ Services					
U Wholesale Trade	Retail Trade	□ Manufacturing	🖾 Finance, Insurance, Real Estate				
 Public Administration Other 	Transportation, Communications, Electric, Gas, Sanitary Services						

(TWe declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Kler H Hate	Jena H. Pate	6/4/19			
Signature of Organizer	Printed Name & Title				
V					
Signature of Organizer	Printed Name & Title	Date			
I, Jena H. Pate Print Name of Registered Agent	, consent to serve as the registered agent	, consent to serve as the registered agent on behalf of the limited liability company.			
Jens Affecto	Jena H. Pate	6/4/19			
Signature of Registered Agent	Printed Name	Date			