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Michael G. Adams
 Kentucky Secretary of State
 Received and Filed:
 3/4/2025 10:54 AM
 Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY
 MICHAEL G. ADAMS, SECRETARY OF STATE

NLC

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

Articles of Organization
 Nonprofit Limited Liability Company

Please note: This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Organization.

Pursuant to KRS 14A and KRS 275, the undersigned hereby forms a nonprofit limited liability company and for that purpose sets forth the following:

Article I: The name of the nonprofit limited liability company is:

Little Obion Baptist Church, LLC

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

8970 State Route 339 West Wingo KY 42088

Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is AMBER SPRAGGS

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

8970 State Route 339 West Wingo KY 42088

Street Address or Post Office Box Number City State Zip Code

Article IV: The non-profit limited liability company is to be managed by (must check one):

- ☒ A. a manager(s).
☐ B. its member(s).

Article V: The purpose of the non-profit limited liability company is:

To worship the Lord Jesus Christ, corporately; and to provide a church for the public at large.

(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 copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: ☐ This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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	Joe Spraggs	2/12/2025
	Printed Name	Date
Signature of Organizer	Amber Spraggs	2/12/2025
	Printed Name	Date
Signature of Organizer	Joe Skaggs	2/12/2025
	Printed Name	Date

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

Print Name of Registered Agent	Amber SPraggs	2/12/2025
Signature of Registered Agent	Printed Name	Date