



**COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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**Alison Lundergan Grimes**  
**Kentucky Secretary of State**  
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Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Articles of Organization Limited Liability Company</b>	<b>KLC</b>
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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

Jake's Rough River Archery, LLC.

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

11291 South Highway 259	McDaniels	Kentucky	40152
<b>Street Address Only (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

and the name of the initial registered agent at that office is Viona C. Thompson

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

PO Box 205	McDaniels	Kentucky	40152
<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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 \_\_\_\_\_.

<b>Please indicate the county in which your business operates:</b> County: <u>Breckinridge</u>			
<i>To complete the following, please shade the box completely.</i>			
<b>Please indicate the size of your business:</b> <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)		<b>Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:</b> <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned	
<b>Please indicate which of the following best describes your business:</b>			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

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

	Stephen G. Hopkins Attorney	6/1/2018
<b>Signature of Organizer</b>	<b>Printed Name &amp; Title</b>	<b>Date</b>

<b>Signature of Organizer</b>	<b>Printed Name &amp; Title</b>	<b>Date</b>
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I, Viona C. Thompson, consent to serve as the registered agent on behalf of the limited liability company.

<b>Print Name of Registered Agent</b>	<b>Printed Name</b>	<b>Date</b>
<u>Viona C. Thompson</u>	Viona C. Thompson	6/1/2018
<b>Signature of Registered Agent</b>	<b>Printed Name</b>	<b>Date</b>