

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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<http://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

**JONES FAMILY FARM OPERATIONS LLC**

Article II: The name of the initial registered agent is

**CHAMBERS CP LLC**

and the street address of the entity's initial registered office in Kentucky is

**1795 ALYSHEBA WAY unit 6103, LEXINGTON, KY 40509**

Article III: The mailing address of the entity's principal office is

**4100 KY HWY 36 EAST unit 6103 1795 ALYSHEBA WAY, unit 6103, CYNTHIANA, KY 41031**

Article IV: This entity is managed by **Managers**.

This filing will be effective on **Monday, February 3, 2025**.

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

Signature of individual signing on behalf of **Organizer: JEFFREY JONES**

Signature of individual signing on behalf of **Organizer: GREGORY JONES**

I, **MARK CHAMBERS**, consent to sign for **CHAMBERS CP LLC** who serves as the Registered Agent on behalf of this entity on Monday, February 3, 2025.