

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	1 275, the undersigned a	pplies to qualify and for that p	urpose submits the fo	ollowing statements	
Article I: The name of the limited	d liability company is				
Phord's Foods					
Article II: The street address of	the limited liability comp	pany's initial registered office	in Kentucky is		
1787 Claypool Boyce RD		Alvaton	Kentucky	42122	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial regist	ered agent at that office	Salvatore Grado	ll .		
and the name of the initial regist	ered agent at that office	: 15	27		
Article III: The mailing address of	of the limited liability con	mpany's initial principal office	is		
1787 Claypool Boyce RD		Alvaton	Kentucky	42122	
Street Address or Post Office Box Nu	mber	City	State	Zip Code	
Article IV: The limited liability contains A. a manager(s). B. its member(s).	ompany is to be manage	ed by (must check one):			
Article V: This application will be	e effective upon filing, u	nless a delayed effective date	e and/or time is provid	led. The effective	
date or the delayed effective dat				(Delayed effective date and/or time)	
		Salvatore Grado II	454 35	03/09/2012	
At the state of th		Printed Name & Title	Date		
1		Isaac Nathaniel Ford			
Signature of Organizer Prin		Printed Name & Title		03/09/2012 Date	
Salvatore Grado II		, consent to serve as the registered	agent on behalf of the limit	ed liability company.	
d. Hartil		Salvatore Grado II	03/09	03/09/2012	
Signature of Registered Agent		Printed Name	Date		