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Elaine N. Walker, Secretary of State

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**COMMONWEALTH OF KENTUCKY**  
**ELAINE N. WALKER, SECRETARY OF STATE**

**Division of Corporations**  
**Business Filings**  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 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

**Smokin' Rack Products, LLC.**

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

**264 Lum Kennedy Lane**

**Hardinsburg**

**Kentucky**

**40143**

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **Chris Barr**

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

**1172 Teller-Haycraft Lane**

**Hardinsburg**

**Kentucky**

**40143**

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).

☒

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 \_\_\_\_\_.

(Delayed effective  
date and/or time)

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

**Stephen Hopkins, Attorney**

**2/14/11**

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

**Chris Barr**

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

Print Name of Registered Agent

**Chris Barr**

**2/14/11**

Signature of Registered Agent

Printed Name

Date