



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

**1049702.06** amcray  
LAOO  
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

**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  
New Cut Road LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is  
1691 Hiseville Bear Wallow Road Cave City Kentucky 42127  
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Derek Fisher

Article III: The mailing address of the limited liability company's initial principal office is  
PO Box 1057 Beaeton Virginia 22712  
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 \_\_\_\_\_.

Please indicate the county in which your business operates:  
County: Crittenden

*To complete the following, please shade the box completely.*

Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following applies to your business ownership: <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business: <input type="checkbox"/> Agriculture <input type="checkbox"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input checked="" 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.

<u>Patricia A. Woodward</u> Signature of Organizer	Patricia A. Woodward, Organizer Printed Name & Title	<u>2/25/18</u> Date
Signature of Organizer	Printed Name & Title	Date
I, <u>Derek Fisher</u> Print Name of Registered Agent	consent to serve as the registered agent on behalf of the limited liability company.	
<u>Derek Fisher</u> Signature of Registered Agent	Derek Fisher Printed Name	<u>2/25/18</u> Date