

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Articles of Organization Professional Limited Liability Company

PLC

(502) 564-3490 www.sos.ky.gov				
Pursuant to KRS 14A and KRS 275, the undersig	ned applies to qualify and for that	purpose submits	the following statements:	
Article I: The name of the professional limited liab	oility company is			
Article II: The street address of the professional li	mited liability company's initial reg	istered office in	Kentucky is	
110 NORTH MAIN STREET	HENDERSON	KY	42420	
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code	
and the name of the initial registered agent at that	office isCurtis J. Hamilt	on III		
Article III: The mailing address of the professiona	I limited liability company's initial p	orincipal office is		
110 North Main Street	Henderson	KY	42420	
Street Address or Post Office Box Number	City	State	Zip Code	
A. a manager(s). Article V: The profession to be practiced through LAW	X B. its member(s). the professional limited liability cor	mpany:		
Article VI: This application will be effective upon fil date or the delayed effective date cannot be prior liWe declare under renalty of perjury under the lating	to the date the application is filed.	The date and/o	(Delayed effective date and/or time) the and correct.	
Signature of Organizer	Printed Name	Date		
ignature of Organizer	Printed Name	Date		
Curtis J. Hamilton III Print Name of Registered Agent	, consent to serve as the registered	agent on behalf of t	he limited liability company.	
(/////////////////////////////////////	Curtis J. Hamilton			
Signature of Registered Agent	Printed Name	Da	te	