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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 6/1/2015 7:47 AM Fee Receipt: \$40.00



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 Limited Lia	_				KLC
Pursuant to KRS 14A and KRS 2	275, the undersi	gned app	lies to qualify and t	for that purpose	submits the follow	ing statements:
Article I: The name of the limited	d liability compar	ny is				
Brammer and Caudill,	LLC					
Article II: The street address of t	the limited liabilit	v compa	nv's initial registere	ed office in Kent	ucky is	
215 Stanley Reed Court		, ,	Maysvil	l	(Y	41056
Street Address Only (No Post Office Box Numbers)			City	St	tate	Zip Code
and the name of the initial registe	ered agent at tha	at office is	_s M. Susan B	rammer		
						·
Article III: The mailing address of the limited liabil					0.4	44050
215 Stanley Reed Court			Maysvil		(Y	41056
Street Address or Post Office Box Number			City	Si	tate	Zip Code
Article IV: The limited liability co A. a manager(s).	mpany is to be r	nanaged	by (must check or	ne):		
B. its member(s).						
Article V: This application will be	e effective upon	filing, unl	ess a delayed effe	ctive date and/c	or time is provided.	The effective
date or the delayed effective date	e cannot be prio	r to the d	late the application	is filed. The da	ate and/or time is _	
						Delayed effective ate 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.						
M. Olisan &	name.	en	M. Susan Br	ammer	5/8	27 /15
Signature of Organizer	1.11		Printed Name & Title	1	/ Date	
W. Belly audil			W. Kelly Cauc	dill		
Signature of Organizer			Printed Name & Title		Date	•
M. Susan Brammer		, ,	consent to serve as the	registered agent or	n behalf of the limited lia	ability company.
Print Name of Registered Agent					1/2	A /
Signature of Registered Agent			M. Susan Br	aiiiiiei	5/2°	1/15
Signature of Registered Agent			rinteu Name		Date	(*)