

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

KI C

Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ed Liability Company		KLO
Pursuant to KRS 14A and KRS	3 275, the u	ndersigned applies to qualify and for that	ourpose submits the	e following statements:
Article I: The name of the limit Centerline Surveying, L	•	ompany is		
Article II: The street address of 115 S. Sherrin Avenue Suite		l liability company's initial registered office Louisville	in Kentucky is KY	40207
Street Address Only (No Post Office	Box Number	City	State	Zip Code
and the name of the initial regi	stered agen	t at that office is		
Article III: The mailing address 527 Main Street	s of the limit	ed liability company's initial principal office Shelbyville	e is KY	40065
Street Address or Post Office Box I	lumber	City	State	Zip Code
Article IV: The limited liability	company is	to be managed by (must check one):		
V	nanager(s). member(s).			
Please indicate the county in which County: _ Shelby		or to the date the application is filed. The soperates:	date and/or time is	
	To c	omplete the following, please shade the box com	oletely.	
Please indicate the size of your bus ☐ Small (Fewer than 50 employees) ☐ Large (50 or more employees)		Please indicate whether any of the following app ☐ Women Owned ☐ Veteran Owned ☐	lies to your business ow I Minority Owned	rnership:
Please indicate which of the follow	ing best descr	ibes your business:		
	ail Trade	☐ Services ☐ Construction☐ Manufacturing ☐ Finance, Insural Communications, Electric, Gas, Sanitary Services	nce, Real Estate	
I/We declare under penalty of /s/ William Todd Brown		er the laws of the state of Kentucky that th William Todd Brown, N		
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
I, James Hays Lawson		, consent to serve as the registered	d agent on behalf of the l	
Print Name of Registered Agent /s/ James Hays Lawson		James Hays Lawson	Мау	8, 2019
Signature of Registered Agent		Printed Name	Date	

FILING INSTRUCTIONS ARTICLES OF ORGANIZATION

NAME

The limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC" or "LC." If you wish to abbreviate "limited company," you must use the abbreviation "LTD CO." A limited liability company name must be distinguishable from any name on record with the Office of the Secretary of State.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the certificate, the corporation must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the corporation. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

MANAGEMENT

"Manager(s)" means that the limited liability company has set forth in its articles of organization that it is to be managed by managers. "Member(s)" means the person(s) who have been admitted to membership in a limited liability company

WHO MAY SIGN

The document must be signed by an organizer.

ADDITIONAL ARTICLES OF ORGANIZATION OR NEED TO MODIFY THE EXISTING FORM

If this form does not comply with the articles of organization that you wish to file (ie: additional articles, signatures, etc.), please disregard this form and send a drafted executed copy of the articles of organization according to KRS 275 to the address below.

NUMBER OF COPIES

When filing online with the FastTrack system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

FILING FEE

The filing fee for the document is \$40.00. Your check should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS
Alison Lundergan Grimes
Office of the Secretary of State
P. O. Box 718

Frankfort, KY 40602-0718

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

OFFICE LOCATION

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.