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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

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COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

KI C

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Com			KLO	
Pursuant to KRS 14A and KRS 2	75, the undersigned applies	to qualify and for that	purpose submits the	following statements:	
Article I: The name of the limited Connect2U of Kentuck				·	
Article II: The street address of t	he limited liability company's	initial registered offic	e in Kentucky is		
1205 Nightingale Lane		Goshen	KY	40026	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registe	ered agent at that office is	Cen Morrow			
Article III: The mailing address o			e is		
1205 Nightingale Lane		Goshen	KY	40026	
Street Address or Post Office Box Nur	nber	City	State	Zip Code	
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be	effective upon filing, unless	a delayed effective da	•		
date or the delayed effective date	5			(Delayed effective date and/or time)	
I/We declare under penalty of pe		7021 Ave Bests			
Then Monon		Ken Morrow Owner		11/30/14	
Signature of Organizer	Print	ted Name & Title		Date	
Signature of Organizer	Prin	ted Name & Title		Date	
Ken Morrow Print Name of Registered Agent	, cons	ent to serve as the registere	ed agent on behalf of the lin	nited liability company.	
		n Morrow	11/3	11/30/14	
Signature of Registered Agent	Prin	Printed Name Date		c	

(01/12)