

COMMONWEALTH OF KENTUCKY **ELAINE N. WALKER, SECRETARY OF STATE**

Division of Business Filings Business Filings

Articles of Organization

PLC

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Limited Liability Compa	any
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 prof	essional limited liability company is \$ Sullivan Law Group,	ALC.
Article II: The street address of the Address Only (No Post Office and the name of the initial regis	1 1 16	gistered office in Kentucky is <u>Kentucky</u> 40207 State Zip Code Mengel i Ho
	of the professional limited liability company's initial	principal office in
143 Chenoweth L Street Address or Post Office Box N	ane Lausville	Kentucky 40207 State Zip Code
Article IV: The professional lim	ited liability company is to be managed by (must che	eck one):
A. a manager(s).	B. its member(s).	
Article V: The profession to be	practiced through the professional limited liability co	ompany:
Legal !	Services	
Article VI: This application will I date or the delayed effective date	be effective upon filing, unless a delayed effective da ate cannot be prior to the date the application is filed.	. The date and/or time is (Delayed effective
I/We declare under penalty of p	perjury under the laws of the state of Kentucky that the	ne foregoing is true and correct.
Signature of Organizer	Leigh K. Me	nedeth 12-19-11
orginature of organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Print Name of Registered Agent	, consent to serve as the registere	d agent on behalf of the limited liability company.
Do Much	D Leigh K. Mera	dith 12-19-11
Signature of Registered Agent	Printed Name	Date