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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/28/2014 9:13 AM

## **COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, 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 Compan	у		
Pursuant to KRS 14A and KRS	S 275, the undersigned applies to	qualify and for that pu	rpose submits th	ne following statement	
Article I: The name of the prof	essional limited liability company	is			
LAW OFFICE OF MEG	AN WIELAND-PULAYYA	, PLLC.			
Article II: The street address of	of the professional limited liability	company's initial regist	ered office in Ke	entucky is	
	MPUS DRIVE. SUITE 3000		KY	40223	
Street Address Only (No Post Office		City	State	Zip Code	
and the name of the initial regis	stered agent at that office is ME	GAN WIELAND-F	PULAYYA		
	of the professional limited liabilit				
9900 CORPORATE CAN	MPUS DRIVE. SUITE 3000	LOUISVILLE	KY -	40223	
Street Address or Post Office Box N	umber	City	State	Zip Code	
Article IV: The professional lim	nited liability company is to be ma	naged by (must check	one):		
A. a manager(s).	_	B. its member(s).			
Article V: The profession to be	practiced through the profession	al limited liability comp	anv:		
ATTORNEY LEGAL SE		lai liitiited liability comp	ally.		
ATTOTAL TELONE OF					
Article VI: This application will be	be effective upon filing, unless a d	delayed effective date a	and/or time is pro	ovided. The effective	
date of the delayed effective da	ate cannot be prior to the date the	application is filed.	ne date and/or til	me is (Delayed effective	
I/We declare under penalty of p	erjury under the laws of the state	of Kentucky that the fo	oregoing is true	date and/or time) and correct.	
Man West ful		AN WIELAND-PU			
Signature of Organizer	Printed		Date		
Signature of Organizer		Printed Name		Date	
Signature of Organizer	Printed I	Name	Date		
MEGAN WIELAND-PU	JLAYYA	to some as the registered an	ont on hohelf of the	Emile of Habilita	
Print Name of Registered Agent		to serve as the registered ag			
Wegny West-6	1000	AN WIELAND-PU		27/2014	
Signature of Registered Agent	Printed I	Name	Date		