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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liabil			KLC
Pursuant to KRS 14A and KRS	1 275, the undersigned	d applies to qualify and for that purp	pose submits the	e following statements:
Article I: The name of the limite	d liability company is			
CKREU Consulting, L				
				-
	the limited liability co	ompany's initial registered office in		44047
3069 Sentry Drive		Edgewood	KY	41017
Street Address Only (No Post Office I	3/5//	City	State	Zip Code
and the name of the initial regist	tered agent at that of	fice is Connie Kreutzjans		
Article III: The mailing address of the limited liability compa			I/V	44047
3069 Sentry Drive Street Address or Post Office Box Number		Edgewood city	KY State	41017 Zip Code
Article IV: The limited liability co	ompany is to be man	aged by (must check one):		
A. a manager(s).				
B. its member(s).				
THE WALLSAM LEVELS				
Article V: This application will be	e effective upon filing	g, unless a delayed effective date a	nd/or time is pro	
date or the delayed effective date	te cannot be prior to	the date the application is filed. Th	ie date and/or tir	me is 10/26/2011
	i were in the	order manners for the first of		(Delayed effective
				date and/or time)
I/We declare under penalty of pe	erjury under the laws	of the state of Kentucky that the fo	oregoing is true a	and correct.
Connie Kroutzian		Connie Kreutzjans,	member	10/26/2011
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Connie Kreutzjans		concept to copie so the registered and	ant on habalf of the l	imited liability company
Print Name of Registered Agent		, consent to serve as the registered age		
Consid Kreuty		Connie Kreutzjans	10/2	26/2011
Signature of Registered Agent	,	Printed Name	Date	