

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Limited Liability Company			
Pursuant to KRS 14A and KRS 2	I 275, the undersigned	applies to qualify and for that pu	ırpose submits	the following statements
Article I: The name of the profes	sional limited liability	company is		
Rhonda S. Stanger, PLL	С			
Article II: The street address of t	he professional limite	ed liability company's initial regis	tered office in	Kentucky is
102 East Main Street, Suite 7		Georgetown	KY	40324
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that offi	_{ce is} Rhonda S. Stanger		
Article III: The mailing address o	of the professional lim	ited liability company's initial pri	ncipal office is	
102 East Main Street, Su	iite 7	Georgetown	KY	40324
Street Address or Post Office Box Nur	nber	City	State	Zip Code
Article IV: The professional limite A. a manager(s).	ed liability company is -	s to be managed by (must check B. its member(s).	cone):	
Article V: The profession to be p	racticed through the	professional limited liability com	pany:	
Article VI: This application will be date or the delayed effective date	e cannot be prior to th	ne date the application is filed.	The date and/o	r time is 09/01/2012 (Delayed effective date and/or time)
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Signature of Organizer	,	Printed Name	QCP_Da	of or of the
Signature of Organizer		Printed Name	Da	nte
Signature of Organizer		Printed Name	Da	nte
I, RHONDA STAN Print Name of Registered Agent	GER	, consent to serve as the registered a	agent on behalf of	the limited liability company.
Signature of Registered Agent	9	RHONDA STANY	SER DA	8/20/12- ute
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