

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Articles of Organization

Professional Limited Liability Company

PLC

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 professional limited liability con Kate Mc(vbbin, Attorney At	npany is Law, Professional Limite	d Liability Corporat
Article II: The street address of the professional limited lia 208	Hodgennie Ky city State	in Kentucky is 42748 Zip Code
Article III: The mailing address of the professional limited D. D. ZSS Street Address or Post Office Box Number	Hodgenville Ky City State	12748 Zip Code
Article IV: The professional limited liability company is to be managed by (must check one):		
A. a manager(s).	B. its member(s).	
Article V: The profession to be practiced through the prof	fessional limited liability company:	
Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 1/26/13 (Delayed effective date and/or time)		
I/We declare under penalty of perjury under the laws of the Signature of Organizer	he state of Kentucky that the foregoing is Kate Me World In Printed Name	true and correct.
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
, Kate McWbbin	consent to serve as the registered agent on behal	f of the limited liability company.
Print Name of Registered Agent Signature of Registered Agent	Katc McWbbin Printed Name	11/26/13 Date