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Alison Lundergan Grimes **Kentucky Secretary of State** 

Received and Filed: 6/23/2014 1:18 PM Fee Receipt: \$40.00

## **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 Limite	ed Liability Company	<i>(</i>		
Pursuant to KRS 14A and KRS 2	275, the undersigned applies	to qualify and for that pur	pose submits	the following state	ments
Article I: The name of the profes	ssional limited liability compa	ny is			
NuVue Accounting &	Consulting, PLLC				
Article II: The street address of	the professional limited liabili	ity company's initial regist	ered office in	Kentucky is	
495 Convict Rd		Sharpsburg	KY	40374	
Street Address Only (No Post Office E		City	State	Zip Code	-
and the name of the initial registe	ered agent at that office is A	Alex Conrad			
Article III: The mailing address of			cipal office is		
495 Convict Rd		Sharpsburg	KY	40374	E
Street Address or Post Office Box Nu	mber	City	State	Zip Code	<del></del> -
Article IV: The professional limit	ed liability company is to be	managed by (must check	one):		
A. a manager(s).	· /	B. its member(s).			
Article V: The profession to be p	racticed through the profess	sional limited liability comp	any:		
Accounting					
Article VI: This application will be date or the delayed effective date	e effective upon filing, unless	s a delayed effective date the application is filed. T	and/or time is he date and/o	provided. The effe or time is 6/22/2014	ective
I/We declare under penalty of pe				(Delayed ef date and/o	
the 1		Alex Conrad		6/22/2014	
Signature of Organizer	Prin	Printed Name		Date	
Signature of Organizer		Printed Name		Date	
Signature of Organizer	Prin	Printed Name		Date	
, Alex Conrad	, cons	sent to serve as the registered a	gent on behalf of	the limited liability comp	pany.
Print Name of Registered Agent		lex Conrad	6/22/2014		
Signature of Registered Agent		nted Name	D	ate	