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Alison Lundergan Grimes **Kentucky Secretary of State** 

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## **COMMONWEALTH OF KENTUCKY** ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

(01/12)

DIC

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	275, the undersigned app	olies to qualify and for that pu	irpose submits	the following statement	ents:
Article I: The name of the profes	sional limited liability co	mpany is			
ACCIDENT AND BANKE	RUPTCY LAW CEN	NTERS, PLLC			
Article II: The street address of	the professional limited l	iability company's initial regis	tered office in I	Kentucky is	
257 COMBS ROAD, SU		HAZARD	KY	41701	
Other & Address Only (No Doot Office Pay Numbers)		City	State	Zip Code	
and the name of the initial regist	ered agent at that office	is C. DARLENE JOHN	SON, ATTO	DRNEY AT LAW	
Article III: The mailing address of					
257 COMBS ROAD, SU		HAZARD	KY	41701	7
Street Address or Post Office Box Number		City	State	Zip Code	
A. a manager(s).  Article V: The profession to be pure LAW OFFICE/LEGAL SI		B. its member(s).	pany:		
Article VI: This application will be date or the delayed effective date.  We declare under penalty of penalty	e cannot be prior to the	date the application is filed.	The date and/o	(Delayed effect date and/or time and correct.)	tive
Signature of Organizer		Timou rumo			
Signature of Organizer		Printed Name	Da	ate	
Signature of Organizer		Printed Name		Date	
	ATTORNEY AT LAW	, consent to serve as the registered	agent on behalf of	the limited liability compar	ıy.
Print Name of Registered Agent		C. DARLENE JOHNSON		2/24/12	
Signature of Registered Agent		Printed Name	Di	ate	