

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

Division of Business Filings

Articles of Organization

KLC

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability	Company		
Pursuant to KRS 14A and KRS 2	75, the undersigned ap	oplies to qualify and for that	purpose submits the	e following statements:
Article II: The name of the limited	Consulting S	pany's initial registered offic	e in Kentucky is	
2406 Stonehur	st Drive	City	KY	40242
Street Address Only (No Post Office E	· ·	C .	State	Zip Code
and the name of the initial registe	ered agent at that office	is <u>Chrica</u>	Thomas	·
Article III: The mailing address of Address or Post Office Box Nurs	+ Orive	mpany's initial principal office	ce is State	<u> 40 242</u> Zip Code
Article IV: The limited liability co  A. a manager(s).  B. its member(s).	mpany is to be manage	ed by (must check one):		
Article V: This application will be	effective upon filing, ur	nless a delayed effective da	ate and/or time is pro	vided. The effective
date or the delayed effective date	e cannot be prior to the	date the application is filed	. The date and/or tin	ne is
I/We declare under penalty of pe	rjury under the laws of	the state of Kentucky that the Enrica Thomas Printed Name & Title	1	nnd correct.
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent	2	Enrica Tho	mas	imited liability company.
Signature of Registered Agent		Printed Name	Date	/ /