

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

AL	ISON LUNDERGAI	N GRIMES, SECRETART	OFSIAIE	
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS	275, the undersigned	applies to qualify and for that p	urpose submits the foll	owing statements:
Article I: The name of the limited	d liability company is			
Alliant Title & Abstrac				
				•
Article II: The street address of	the limited liability con			
7009 Glendale Road		Louisville	Kentucky	40291
Street Address Only (No Post Office B	3ox Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that offic	_{ce is} Janis M. Howard	7.77.	
Article III: The mailing address of	of the limited liability c	omnany's initial principal office	ie	
7009 Glendale Road	or the infilted hability of	Louisville	Kentucky	40291
Street Address or Post Office Box Nu	mher	City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be date or the delayed effective date			·	S(Delayed effective
				date and/or time)
We declare under penalty of pe) \ / / /		foregoing is true and	correct.
Janis M. Howard		Janis M. Howard		6/17/2013
Signature of Organizer		Printed Name & Title	D	ate
ignature of Organizer		Printed Name & Title	D	ate
Janis M. Howard		, consent to serve as the registered	agent on hehalf of the limits	d liability company
Print Name of Registered Agent	10 100	-	agont on behalf of the little	a nability company.
	owall)	Janis M. Howard	6/17	19013
Signature of Registered Agent		Printed Name	Date	•

(01/12)