

## **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 Limi	ted Liability Comp	any	120
Pursuant to KRS 14A and KRS 2	l 275, the undersigned applic	es to qualify and for that	t purpose submits	s the following statements
Article I: The name of the profes	ssional limited liability comp	pany is		
Rebecca S. Patterson, A	ttorney at Law, PLL			
Article II: The street address of t	the professional limited liab	pility company's initial re	egistered office in	Kentucky is
141 Lincoln St.	Hazard	KY	41701	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office is	Rebecca S. Patte	rson	
Article III: The mailing address of	of the professional limited li	ability company's initial	principal office is	
P.O. Box 7154	Hazard	KY	41702	
Street Address or Post Office Box Nu	mber	City	State	Zip Code
A. a manager(s).  Article V: The profession to be possible and service/attorney	practiced through the profes	B. its member(s)		
Article VI: This application will be date or the delayed effective date	e effective upon filing, unle e cannot be prior to the da	ss a delayed effective d te the application is filed	ate and/or time is i. The date and/o	or time is (Delayed effective
I/We declare under penalty of pe	rjury under the laws of the	state of Kentucky that t	the foregoing is tr	date and/or time) ue and correct.
Kheera S. Vatherse		ebecca S. Patterson		10/7/2014
Signature of Organizer		Printed Name		ate
Signature of Organizer		Printed Name		ate
gnature of Organizer Pr		inted Name	D	ate
Rebecca S. Patterson Pript-Name of Registered Agent	, со	nsent to serve as the register	red agent on behalf of	the limited liability company.
Referen S. Vallena		Rebecca S. Patterson		0/7/2014
Signature of Registered Agent		inted Name	D	ate