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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/23/2015 1:17 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

| Division of Business Filings | Articles of Organ | nization | ¥ | KLC |
|--|-----------------------------|-------------------------------------|--|--|
| Business Filings | Limited Liability | | | |
| PO Box 718 Frankfort, KY 40602 | Zinines Ziene | | | |
| (502) 564-3490 | | | | >6 |
| www.sos.ky.gov | | | | Jan. |
| Pursuant to KRS 14A and KRS | L 275, the undersigned a | pplies to qualify and for that p | urpose submits the | e following statements: |
| Article I: The name of the limite | | | * | |
| LeGRAND CONSULTING LLC | | | | ************************************** |
| | *** | | 170 | |
| Article II: The street address of | the limited liability com | pany's initial registered office | in Kentucky is | |
| 1472 BLOOMIN SPRIN | | HEBRON | KY | 41048 |
| Street Address Only (No Post Office | | City | State | Zip Code |
| | | LAURA LUSK | | • |
| and the name of the initial regis | | | The state of the s | |
| Article III: The mailing address | of the limited liability co | ompany's initial principal office | is | 44040 |
| 1472 BLOOMIN SPRI | | HEBRON | KY | 41048 |
| Street Address or Post Office Box No | | City | State | Zip Code |
| Article IV: The limited liability c | omnany is to be manac | ned by (must check one): | | |
| Article IV: The limited liability C | ompany is to be manag | , ou by (| | |
| A. a manager(s). | | | | |
| B. its member(s). | | | | 360 100 |
| Article V: This application will b | e effective upon filing, | unless a delayed effective dat | e and/or time is pr | ovided. The effective |
| date or the delayed effective da | | | | |
| date or the delayed effective da | ite cannot be prior to tr | to date the application | | (Delayed/effective date and/or time) |
| | | | | 781 |
| IAMe declare under penalty of p | perjury under the laws | of the state of Kentucky that th | e foregoing is true | and correct. |
| I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct LAURA LUSK, OWNER/PRESIDENT | | | | 1/23/2015 |
| Signature of Organizer | | Printed Name & Title | 9 | Date |
| Signature of Organizor | | | | 72.000 Manual Control of the Control |
| Signature of Organizer | | Printed Name & Title | | Date |
| LAURA LUSK | | , consent to serve as the registere | d agent on behalf of th | e limited liability company. |
| Print Name of Registered Agent | | | | W |
| Swig like | | LAURA LUSK | | 1/28/2015 |
| Signature of Registered Agent | | Printed Name | Date | 3 |

(01/12)