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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 9/25/2013 8:06 AM Fee Receipt: \$40.00

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

**Division of Business Filings Business Filings** 

PO Box 718

Articles of Organization Limited Liability Company **KLC** 

(502) 564-3490 www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the	undersigned applies to qualify and for that pur	rpose submits the follo	owing statements:
Article I: The name of the limited liability	Inspections LLC		-
Article II: The street address of the limite  223   Algers Street Address Only (No Post Office Box Number		Kentucky is State	41091 Zip Code
and the name of the initial registered age	ent at that office is	Combs	
Article III: The mailing address of the lim  2231 Alarers  Street Address or Post Office Box Number	nited liability company's initial principal office is $\frac{\bigcup_{\bigwedge i} \bigcirc \bigwedge}{\text{city}}$	State	41091 Zip Code
Article IV: The limited liability company	is to be managed by (must check one):		
A. a manager(s).  B. its member(s).			
	ve upon filing, unless a delayed effective date		
date or the delayed effective date canno	ot be prior to the date the application is filed. T	he date and/or time is	(Delayed effective date and/or time)
I/We declare under penalty of perjury un	nder the laws of the state of Kentucky that the	foregoing is true and o	correct.
Signature of Organizer	Matthew Combs Printed Name & Title	Owner	9-19-2013 ate
	I.N. O. TAL		ate
Signature of Organizer  I. Matthew Construction  Print Name of Registered Agent	Printed Name & Title	agent on behalf of the limited $9 < 9 < 9 < 9 < 9 < 9 < 9 < 9 < 9 < 9 $	d liability company.
Signature of Registered Agent	Printed Name	Date	