

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/1/2019 9:03 AM Fee Receipt: \$40.00

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		cles of Organi ted Liability Com			KLC
Pursuant to KRS 14A and KRS	275, the	undersigned applie	es to qualify and for th	nat purpose submits	the following statements:
Article I: The name of the limite E.M.J. Sherard Properties Limit	d liability	company is			
			de initial registered of	fice in Kentucky is	
Article II: The street address of the limited liability compar 1717 Dixie Highway, Suite 910			y s initial registered of Covington	KY	41011
Street Address Only (No Post Office Box Numbers)			City	State	Zip Code
and the name of the initial regis	tered and	ent at that office is		s Corp.	·
Article III: The mailing address	or the inn	nted hability compa		KY	40356
260 Walden Way Street Address or Post Office Box No	ımber		Nicholasville City	State	Zip Code
Article IV: The limited liability company is to be managed by (must check one):					
			by (musi check one).		
· 	anager(s	-			
X B. its r	nember(s	s).			
Article V: This application will be or the delayed effective date ca	nnot be p	orior to the date the	ss a delayed effective e application is filed.	The date and/or time	e is
county.	To	complete the followi	ing, please shade the box	completely.	
Please indicate the size of your busi ☐ Small (Fewer than 50 employees) ☐ Large (50 or more employees)		Please indicate whe ☐ Women Owned	ether any of the following Ueteran Owned	applies to your busines Minority Owned	s ownership:
Please indicate which of the followi	ng best de	scribes your business:			
☐ Agriculture ☐ Min ☐ Wholesale Trade ☐ Reta	ing ail Trade	☐ Services ☐ Manufactur	☐ Construction	surance, Real Estate	
I/We declare under panalty of p	erjury un			at the foregoing is tr	ue and correct.
Signature of Organizer	<u> </u>	-	Erika Michelle Jones Printed Name & Title		Date
Signature of Organizer	******		Printed Name & Title		Date
Taft Service Solutions Corp.				stered agent on behalf of	the limited liability company.
Print Name of Registered Agent				Ci.	1/28/19

Robert Craig
Printed Name

Signature of Registered Agent

FILING INSTRUCTIONS ARTICLES OF ORGANIZATION

NAME

The limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC" or "LC." If you wish to abbreviate "limited company," you must use the abbreviation "LTD CO." A limited liability company name must be distinguishable from any name on record with the Office of the Secretary of State.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic noncorporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

CONSENT OF REGISTERED AGENT

Unless the registered agent signs the certificate, the corporation must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the corporation. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

"Manager(s)" means that the limited liability company has set forth in its articles of organization that it is to be managed by managers. "Member(s)" means the person(s) who have been admitted to membership in a limited liability company

WHO MAY SIGN

The document must be signed by an organizer.

ADDITIONAL ARTICLES OF ORGANIZATION OR NEED TO MODIFY THE EXISTING FORM

If this form does not comply with the articles of organization that you wish to file (ie: additional articles, signatures, etc.), please disregard this form and send a drafted executed copy of the articles of organization according to KRS 275 to the address below.

When filing online with the FastTrack system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

The filing fee for the document is \$40.00. Your check should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Alison Lundergan Grimes Office of the Secretary of State P.O. Box 718

Frankfort, KY 40602-0718

OFFICE LOCATION Room 154, Capitol Building

700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call 502-564-

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an annual report with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A statement of change of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.