COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings **Business Filings** PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Company	KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

The Inclusion Solution, LLC.

Article II: The street address of the limited liability company's initial registered office in Kentucky is

6417 Stableview Place	Louisville	KY	40228.
Street Address Only (No Post Office Box Numbers)	**City**	**State**	**Zip Code**

and the name of the initial registered agent at that office is Adrienne Henderson.

Article III: The mailing address of the limited liability company's initial principal office is

6417 Stableview Place	Louisville	KY	40202.
Street Address or Post Office Box Number	**City**	**State**	**Zip Code**

Article IV: The limited liability company is to be managed by (must check one):

☐ A. a manager(s).

☑ B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 11/28/2011. **(Delayed effective date and/or time)**

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Adrienne Henderson	Adrienne Henderson, Owner	11/28/2011
Signature of Organizer	**Printed Name & Title**	**Date**
Signature of Organizer	**Printed Name & Title**	**Date**

Adrienne Henderson, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Adrienne Henderson	Adrienne Henderson	11/28/2011
Signature of Registered Agent	**Printed Name**	**Date**

(04/11)