

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 Limited	Liability Compar	vy	, r	
Pursuant to KRS 14A and KRS 2	175, the undersigned applies to	qualify and for that pu	rpose submit	s the following statement	
Article I: The name of the profes			,	, , , , , , , , , , , , , , , , , , ,	
Douglas P. Vowels, Attor	• •	•			
Article II: The street address of the	he professional limited liability c	ompany's initial regis	tered office in	Kentucky is	
619 High Street		Brandenburg	KY	40108	
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code	
and the name of the initial registe	red agent at that office is Dou	glas P. Vowels			
Article III: The mailing address of			icipal office is		
PO Box 356		Brandenburg	KY	40108	
Street Address or Post Office Box Num	ber	City	State	Zîp Gode	
Article IV: The professional limite	d liability company is to be man	agad by Inguist at a st		·	
	a nabinty company is to be man.	aged by (must check	one):		
A. a manager(s).	▼	B. its member(s).			
Article V: The profession to be pro-	acticed through the professional	limited liability come	anu		
Law Office	annous amough the projectstorial	minied nability Comp	апу.		
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Article VI: This application will be date or the delayed effective date	cannot be prior to the date the a	ipplication is filed. Th	ie date and/or	time is immediately (Delayed effective	
Lough Our	Dougla	as P. Vowels	9/	16/13	
Signature of Organizer	Printed Na	Printed Name		Date	
ignature of Organizer Prin		me	Date		
lignature of Organizer	Printed Na	me	Date		
Douglas P. Vowels					
PrintiName of Registared Agent	, consent to s	erve as the registered age	nt on behalf of th	limited liability company	
Lough Worker	Dougla	s P. Vowels	9/1	6/13	
Dignature of Registered Agent	Printed Nar	ne	Date		