



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, 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

Michael S. Schumann, attorney at law, PLLC

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

1533 Curtis Pike **Richmond** **Kentucky** **40475**
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **1533 Curtis Pike, Richmond, KY. 40475**

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

1533 Curtis Pike **Richmond** **Kentucky** **40475**
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 **3/18/15**
(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.

Michael S. Schumann
Signature of Organizer

Michael S. Schumann -Member **3/17/15**

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

I, **Michael S. Schumann**

Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the limited liability company.

Michael S. Schumann
Signature of Registered Agent

Michael S. Schumann

3/17/15

Printed Name

Date