

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 Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS	275, the undersigned	applies to qualify and for that pu	rpose submits the	e following statements
Article I: The name of the limite	ed liability company is			
Roberts Consulting, L	LC			
3,	1		The state of the s	<u> </u>
Article II: The street address of	500 mm and the control of the contro			
1865 Booker Fork Ro	pad	Pikeville	KY	41501
Street Address Only (No Post Office		City	State	Zip Code
and the name of the initial regis	tered agent at that office	_{e is} Karen G. Roberts	31/37	
Article III: The mailing address				
PO Box 2253	of the inflited liability of	Pikeville		41502
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability of A. a manager(s). B. its member(s).				
Article V: This application will b	e enective upon illing,	uniess a delayed effective date	and/or time is pro	. 06/04/13
date or the delayed effective da	te cannot be prior to th	e date the application is filed. T	he date and/or tir	(Delayed effective date and/or time)
I/We declare under penalty of p	erjury under the laws o	f the state of Kentucky that the	foregoing is true a	and correct.
Karen & Roberts		Karen G. Roberts,	Member	06/04/13
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Karen G. Roberts Print Name of Registered Agent		_, consent to serve as the registered a	gent on behalf of the	limited liability company.
The state of the s		Karen G. Roberts	06/0)4/13
Signature of Registered Agent		Printed Name	Date	

(01/12)