

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	Profession	al Limited Liability Compa	iny	
Pursuant to KRS 14A and KRS 2	275, the undersign	ed applies to qualify and for that	purpose submit	s the following statement
Article I: The name of the profes	ssional limited liab	ility company is		
Article II: The street address of t	the professional lin	nited liability company's initial reg	istered office in	Kentucky is
200 South Seventh St., S	Louisville	KY	40202	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that	office is Jeffrey A. Sexton		
		limited liability company's initial p	orincipal office is	S
200 South Seventh St., S	Louisville	KY	40202	
Street Address or Post Office Box Nui		City	State	Zip Code
Article V: The profession to be p	oracticed through t	he professional limited liability co	mpany:	
date or the delayed effective date	e cannot be prior t	ng, unless a delayed effective da o the date the application is filed. vs of the state of Kentucky that the Jeffrey A. Sexton	The date and/o	or time is(Delayed effective date and/or time) rue and correct. 9/24/2012
Signature of Organizer		Printed Name	ם	ate
Signature of Organizer		Printed Name	Printed Name Date	
Signature of Organizer		Printed Name		ate
Jeffrey A. Sexton Print Name of Registered Agent	don-	, consent to serve as the registered		
Signature of Registered Agent		Jeffrey A. Sexton		9/24/2012 Pate
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