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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

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## **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 Company				
Pursuant to KRS 14A and KRS 2	275, the undersigned	applies to qualify and for that purpo	se submits	the following statements:	
Article I: The name of the profes Jillian M. Scheyer, PLLC	-	company is		······································	
Article II: The street address of t	the professional limite	ed liability company's initial registere	ed office in I	Kentucky is	
2656 Crescent Springs Rd., Suite 1		Crescent Springs	KY	41017	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registe	ered agent at that offi	<sub>ice is</sub> <u>Jillian M. Scheyer, Es</u> q			
		nited liability company's initial princip			
2656 Crescent Springs F	Crescent Springs	KY	41017		
Street Address or Post Office Box Nu	City	State	Zip Code		
Article IV: The professional limit	ed liability company i	s to be managed by (must check or	ne):		
A. a manager(s).	-	B. its member(s).			
Article V: The profession to be p	racticed through the	professional limited liability compan	ıy:		
Professional Legal Service	ces, Attorney at	Law			
date or the delayed effective date	e cannot be prior to ti	, unless a delayed effective date and he date the application is filed. The of the state of Kentucky that the fore	date and/or	r time is (Delayed effective date and/or time)	
My char		Jillian M Scheyer	1	11/20/13	
Signature of Organizer		Printed Name	Date		
Signature of Organizer		Printed Name	Date		
ignature of Organizer		Printed Name	Date		
Jillian M. Scheyer		, consent to serve as the registered agen	t on behalf of t	he limited liability company.	
Print Name of Registered Agent		Jillian M. Scheyer	11/20/13		
Signature of Registered Agent		Printed Name	Date		