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Allison Lundergan Grimes
Secretary of State
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Commonwealth of Kentucky Allison Lundergan Grimes, Secretary of State

Articles of Organization Limited Liability Company

KLC

Allison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

For the purposes of forming a limited liability company in Kentucky pursuant to KRS Chapter 275, the undersigned organizer hereby submits the following Articles of Organization to the Office of the Secretary of State for filing:

Article I: The name of the company is

1012 West Shelby, LLC

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

136 Phillip Sharp Rd, Butler, KY 41006

and the name of the initial registered agent at that address is Danielle Hughes

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

136 Phillip Sharp Rd, Butler, KY 41006

Article IV: The limited liability company is to be managed by Members

Executed by the Organizer on Wednesday, September 25, 2013

Name of Organizer: Danielle Hughes

Signature of individual signing on behalf of Organizer: Danielle Hughes

Hughes

I, Danielle Hughes, consent to serve as the Registered Agent on behalf of the limited liability company.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Danielle Hughes



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN	Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov
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Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Small World Child Development Center

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Name must be identical to the name on record with the Secretary of State.

3. The "real name" is (you must check one):

- ☒ a Domestic General Partnership
- ☐ a Domestic Limited Liability Partnership
- ☐ a Domestic Business Trust
- ☐ a Domestic Corporation
- ☐ a Domestic Limited Liability Company
- ☐ a Foreign General Partnership
- ☐ a Foreign Limited Liability Partnership
- ☐ a Foreign Limited Partnership
- ☐ a Foreign Business Trust
- ☐ a Foreign Corporation
- ☐ a Foreign Limited Liability Company

4. 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 10/02/13 (Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is: 136 Phillip Sharp Rd
Street Address or Post Office Box Numbers
Butler KY 41006
City State Zip

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Authorized Party Signature _____ Printed Name _____ Title _____ Date _____

FILING INSTRUCTIONS CERTIFICATE OF ASSUMED NAME

ASSUMED NAME The certificate must state the assumed name under which business will be conducted or transacted. The assumed name must be a name that is distinguishable upon the records of the Secretary of State from any other name filed and on record with the Secretary of State. A separate certificate must be filed for each assumed name that is being adopted by the business.

KRS 365.015(3) requires the certificate of assumed name for an individual (sole proprietorship) to be filed with the county clerk where the person is deemed a resident for the purposes of and under the provisions of KRS Chapter 365. An assumed name registration is effective for a term of five (5) years from the date it is filed with the Secretary of State and may be renewed for a successive term upon filing a renewal certificate. A renewal certificate must be filed with the Secretary of State within six (6) months prior to the expiration date. A renewal certificate filed with the Secretary of State renews the assumed name for a five-year term. The business entity should arrange its own reminder of the renewal deadline, since the Secretary of State is not required to send renewal certificates. Any certificate of assumed name in effect on July 15, 1993 shall continue in effect for five (5) years and may be renewed by filing a renewal certificate with the Secretary of State.

REAL NAME

The real name is defined as follows:

- The real name of a Domestic Registered Limited Liability Partnership is the name that includes the real name of each general partner;
- The real name of a Domestic Registered Limited Liability Partnership is the name stated in its statement of registered liability partnership filed pursuant to KRS Chapter 362;
- The real name of a Domestic Business Trust is the name set forth in its Declaration of Trust;
- The real name of a Domestic Corporation is the name set forth in its Articles of Incorporation;
- The real name of a Domestic Limited Liability Company is the name set forth in its Articles of Organization;
- The real name of a Foreign Partnership and of a Foreign Business Trust is the name recognized by the laws of the foreign state under which it is formed as being the real name or the fictitious name adopted for use in this state;
- The real name of a Foreign Limited Liability Partnership is the name set forth in its statement of foreign qualification filed pursuant to KRS 362.1
- The real name of a Foreign Corporation is the name set forth in its Articles of Incorporation or the fictitious name adopted for use in this state under KRS 271B.15-060; or
- The real name of a Foreign Limited Liability Company is the name set forth in its articles of organization or the fictitious name adopted for use in this state under KRS 271B.15-060; or
- The real name of a Foreign Limited Liability Company is the name set forth in its articles of organization or the fictitious name adopted for use in this state under KRS 275.410.

DOCUMENT DELIVERY A file stamped postcard will be sent to the mailing office address. If the applicant wishes for the document to be sent to an alternate address other than the mailing office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

EFFECTIVE DATE AND TIME/DELAYED EFFECTIVE DATE AND TIME The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

WHO MAY SIGN

The document must be signed by:

- at least one partner authorized to do so by the partners of a Domestic or Foreign General Partnership;
- at least one partner authorized to do so by the partners of a Domestic or Foreign Registered Limited Liability Partnership;
- a general partner of a Domestic or Foreign Limited Partnership;
- the trustee of a Domestic or Foreign Business Trust;
- any person authorized to act for the Domestic or Foreign Corporation; or
- a member or manager authorized to act for the Domestic or Foreign Limited Liability Company.

*** DOCUMENT DELIVERY**

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the mailing office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the document with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

*** FILING FEE**

The filing fee for this document is \$20.00. Checks should be made payable to the "Kentucky State Treasurer."

*** MAILING ADDRESS**

Alison Lundergan Grimes
Office of the Secretary of State
PO Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.

IRS
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

10/01/2013 16:56 FAX 8598243731

Date of this notice: 10-01-2013
Employer Identification Number: 46-3779614
Form: SS-4
Number of this notice: CP 575 A
For assistance you may call us at: 1-800-829-4933
IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

SMALL WORLD DAYCARE LLC
SMALL WORLD DEVELOPMENT CENTER
% DANIELLE HUGHES SOLE MBR
PO BOX 190
WILLIAMSTOWN, KY 41097

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-3779614. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941
Form 940
01/31/2014
01/31/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Form 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 990), you will receive a Welcome Package shortly, which includes instructions for making your deposits. A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your financial institution to complete a wire transfer.