



**COMMONWEALTH OF KENTUCKY  
ELAINE N. WALKER, SECRETARY OF STATE**

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Elaine N. Walker, Secretary of State

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Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Organization  
Professional Limited Liability Company

PLC

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 professional limited liability company is

Meredith Law Offices, PLLC

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

2610 Gleeson Lane, Suite 1A	Louisville	Kentucky	40299
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Leigh K. Meredith

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

2610 Gleeson Lane, Suite 1A	Louisville	Kentucky	40299
Street Address or Post Office Box Number	City	State	Zip Code

Article IV: The professional limited liability company is to be managed by (must check one):

☒ A. a manager(s). ☐ B. its member(s).

Article V: The profession to be practiced through the professional limited liability company:

Legal Services

Article VI: 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 May 19, 2011

(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.

	Leigh K. Meredith	5/19/11
Signature of Organizer	Printed Name	Date

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Signature of Organizer	Printed Name	Date
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I, Leigh K. Meredith, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

	Leigh K. Meredith	5/19/11
Signature of Registered Agent	Printed Name	Date

FILING INSTRUCTIONS