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Alison Lundergan Grimes Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

PI C

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional L	ganization Limited Liability Comp	oany	PLO
Pursuant to KRS 14A and KRS 2	275, the undersigned a	applies to qualify and for tha	t purpose submits	the following statements
Article I: The name of the profes	sional limited liability	company is		
MAC ADAMS, PLLC	7			
Article II: The street address of t	the professional limite	d liability company's initial re	egistered office in l	Kentucky is
539 W. Market St. Suite 300		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 offic	_{ce is} Wayne McKinle	y Adams, Jr.	·
Article III: The mailing address of				
539 W. Market St. Suite 300		Louisville	KY	40202
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 p	practiced through the p	orofessional limited liability	company:	
Legal Services				
Article VI: This application will be date or the delayed effective date. We declare under benalty of personal signature of Organizer.	e cannot be prior to th	e date the application is file	the foregoing is true Adams, Jr.	r time is (Delayed effective date and/or time) ue and correct.
Signature of Organizer		Printed Name	Da	ate
Wayne McKinley Ada Print Name of Registered Agent Signature of Registered Agent	ims, Jr.	, consent to serve as the registe Wayne McKinley Printed Name	Adams, Jr. 1	the limited liability company. 2-17-2013