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LAOOAlison Lundergan Grimes  
Kentucky Secretary of State  
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**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**Division of Business Filings**  
**Business Filings**  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
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Articles of Organization  
Limited Liability Company

KLC

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 limited liability company is  
**Clemons & Clark, LLC.**

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

**4773 Brandenburg Road****Leitchfield****Kentucky****42754**

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **Robin Clark**

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

**4773 Brandenburg Road****Leitchfield****Kentucky****42754**

Street Address or Post Office Box Number

City

State

Zip Code

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

☐

A. a manager(s).

☒

B. its member(s).

Article V: 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 \_\_\_\_\_  
(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.

Signature of Organizer

**Stephen Hopkins Attorney****02/05/14**

Printed Name &amp; Title

Date

Signature of Organizer

Printed Name &amp; Title

Date

**Robin Clark**

Print Name of Registered Agent

I, \_\_\_\_\_, consent to serve as the registered agent on behalf of the limited liability company.

**X Robin Clark**  
Signature of Registered Agent

**Robin Clark**

Printed Name

**02/05/14**

Date