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

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
DMD Family Properties, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is
412 S. 4th St, Ste A

Danville

KY

40422

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is

Melissa K Conner

Article III: The mailing address of the limited liability company's initial principal office is
412 S. 4th St, Ste A

Danville

KY

40422

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 **July 21, 2014**
(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.

Doris M. Conner
Signature of Organizer

Doris M Conner, Member

7/21/14

Date

David L. Arnold
Signature of Organizer

David L Arnold, Member

7/21/14

Date

Melissa K Conner

I, *Melissa K. Conner*
Print Name of Registered Agent

consent to serve as the registered agent on behalf of the limited liability company.

Melissa K Conner, Member

7/21/14

Date

Signature of Registered Agent

Printed Name