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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/16/2013 7:43 AM Fee Receipt: \$40.00



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 2	75, the undersigned applies to qualify and for that	purpose submits tl	ne following statements
Article I: The name of the limited	l liability company is		
Julie James Photogra	ohy, LLC		
Article II: The street address of t	he limited liability company's initial registered office	e in Kentucky is	
1043 Millcreek Court	Lexington	KY	40517
Street Address Only (No Post Office B		State	Zip Code
and the name of the initial registe	ered agent at that office is Juliana James		
	f the limited liability company's initial principal offic	o is	***************************************
1043 Millcreek Court	Lexington	KY	40517
Street Address or Post Office Box Nur		State	Zip Code
A. a manager(s). B. its member(s).	mpany is to be managed by (must check one): effective upon filing, upless a delayed effective da	ate and/or time is n	royided. The effective
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			
I/We declare under penalty of pe	rjury under the laws of the state of Kentucky that the	ne foregoing is true	and correct.
Spria In	Juliana James, O	wner	7/15/13
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
, Juliana James	, consent to serve as the registere	ed agent on behalf of the	e limited liability company.
Print Name of Registered Agent	Juliana James		5/13
Signature of Registered Agent (01/12)	Printed Name	Date	