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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

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## **COMMONWEALTH OF KENTUCKY** ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

**Division of Business Filings** 

Articles of Organization

DIC

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Limited Liability Company				
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to	qualify and for that pur	oose submits	s the following statem	nents
Article I: The name of the profes	sional limited liability company	is			
Nickerson Watts, PLLC	· •		·		
Article II: The street address of t	the professional limited liability	company's initial registe	ered office in	Kentucky is	
148 South Main Street		Lawrenceburg	KY	40342	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registe	ered agent at that office is Dot	tty L. Watts			,
Article III: The mailing address of			cipal office is		
148 South Main Street		Lawrenceburg	KY	40342	
Street Address or Post Office Box Number		City	State	Zip Code	—•
Article IV: The professional limit  A. a manager(s).  Article V: The profession to be p	<u> </u>	B. its member(s).			
Law					
Article VI: This application will be date or the delayed effective date.  I/We declare under penalty of pe	e cannot be prior to the date the	e application is filed. Th	e date and/o	or time is (Delayed effe date and/or t	ctive
(). Dickesson	Cha	Charlotte A. Nickerson		11/05/14	
Signature of Organizer				Date	
Watud 10	to Dott	Dotty L. Watts		11/05/14	
Signature of Organizer	Printed	Name	Ď	ate	
Signature of Organizer	Printed	Printed Name		Date	
, Dotty L. Watts	, consent	to serve as the registered ag	ent on behalf of	the limited liability compa	ny.
Print Name of Registered Agent	18 2 2 2	Dotty L. Watts		11/05/14	
Signature of Registered Agent	Printed	Printed Name		Date	