



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
Kentucky Secretary of State
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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

Lawrence and Son Funeral Home, LLC

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

625 East Second Street	Maysville	KY	41056
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

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

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

625 East Second Street	Maysville	KY	41056
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 _____.

Please indicate the county in which your business operates:

County: Mason

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☒ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services | | |
| <input checked="" type="checkbox"/> Other | | | |

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	David Lawrence	1/24/18
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
I, David Lawrence		
consent to serve as the registered agent on behalf of the limited liability company.		
Print Name of Registered Agent		

	David Lawrence	1/24/18
Signature of Registered Agent	Printed Name	Date