

0787563.06

mstratton
LAOO

Elaine N. Walker, Secretary of State

Received and Filed:

3/23/2011 12:41 PM

Fee Receipt: \$40.00

**COMMONWEALTH OF KENTUCKY**
ELAINE N. WALKER, SECRETARY OF STATE**Division of Corporations**
Business FilingsPO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.govArticles 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

ABA FOR AUTISM GROUP, LLC

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

1472 BLOOMIN SPRINT CT.HEBRONKY41048

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

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

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

1472 BLOOMIN SPRING CT.HEBRONKY41048

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 3/24/2011(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

LAURA LUSK, OWNER

Printed Name & Title

03/22/2011

Date

Signature of Organizer

Printed Name & Title

Date

LAURA LUSK

Print Name of Registered Agent

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

Signature of Registered Agent

Laura Lusk

Printed Name

3/22/2011

Date