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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 6/24/2014 11:00 AM Fee Receipt: \$40.00



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

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 O Limited Liab	rganization ility Company		KLC
Pursuant to KRS 14A and KRS 2	275, the undersigne	ed applies to qualify and for that pur	pose submits t	he following statements:
Article I: The name of the limited M.H.C Photography L		is		· · · · · · · · · · · · · · · · · · ·
Article II: The street address of	the limited liability of	company's initial registered office in	Kentucky is	
475 Bill Moore Branc	Whitesburg	ky	41858	
Street Address Only (No Post Office E and the name of the initial registe		city office is Miranda Jaelle Ho	State	Zip Code
Article III: The mailing address of	of the limited liabilit	y company's initial principal office is	;	
475 Bill Moore Branc	Whitesburg	ky	41858	
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co  A. a manager(s).  B. its member(s).  Article V: This application will be		naged by (must check one):  ng, unless a delayed effective date	and/or time is n	rovided. The effective
2.0				
date of the delayed effective dat	e cannot be prior to	o the date the application is filed. T	ne date and/or	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the law	s of the state of Kentucky that the f	oregoing is true	e and correct.
Mumple Guell Signature of Organizer	s 2014	Printed Name & Title	Hart	L -21-14 Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent, consent to serve as the registered agent on behalf of the limited liability company.				
Signature of Registered Agent	2006	Printed Name	1-101-1 Date	6-21-14