

Fee Receipt: \$40.00

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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 9/5/2014 2:47 PM



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

PLC.

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Lim	nited Liability Compa	any	120	
Pursuant to KRS 14A and KRS 2	275, the undersigned app	lies to qualify and for that	purpose submits	the following stateme	nts
Article I: The name of the profes	ssional limited liability com	npany is			
Clark Batten Law Firm, F	PLLC				
Article II: The street address of t	the professional limited lia	ability company's initial rec	istered office in	Kentucky is	
433 16th Street		Ashland	KY	41101	
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	B. Clark Batten, II			
Article III: The mailing address of			orincipal office is		
P.O. Box 2288	Ashland	KY	41105-2288		
Street Address or Post Office Box Nur	mber	City	State	Zip Code	<u>-</u> :
A. a manager(s). Article V: The profession to be p	oracticed through the prof	B. its member(s).	mpany:		
Article VI: This application will be date or the delayed effective date.	e cannot be prior to the daring and the laws of the	ate the application is filed. e state of Kentucky that th	The date and/o	r time is 9/5/2014 (Delayed effectidate and/or time) ue and correct.	 ve
(0)		B. Clark Batten, II	9	9/5/14	_
Signature of Organizer		Printed Name		Date	
Signature of Organizer	i	Printed Name	Da	Date	
Signature of Organizer	i	Printed Name	Da	Date	
B. Clark Batten, II Print Name of Registered Agent		consent to serve as the registered		the limited liability company	
Signature of Registered Agent		Printed Name		Date	