

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

PIC

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		al Limited Liability Compa	ny	1 20	
Pursuant to KRS 14A and KRS 2	:75, the undersigne	ed applies to qualify and for that p	urpose submit	s the following stater	nent
Article I: The name of the profes Smith & O'Toole, PLLC		ity company is			
					Mary party reported to
Article II: The street address of the professional limited 200 East Main St., Suite 209,			liability company's initial registered office in Kentucky is Richmond KY 40475		
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial registe	•	•			NAMES AND ADMINISTRATION OF THE PARTY OF THE
Article III: The mailing address o	f the professional I	imited liability company's initial pr	incipal office is		
200 East Main Street, S	Richmond	KY	40475		
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The professional limite A. a manager(s). Article V: The profession to be profession to be profession.		B. its member(s).			
Article VI: This application will be date or the delayed effective date	cannot be prior to	the date the application is filed.	The date and/o	r time is (Delayed effedate and/or t	ctive
M Q Z Z		Daniel V. Smith	1	-1-15	
Signature of Grganizer		Printed Name		Date	
		James O'Toole		1-1-15	
Signature of Organizer		Printed Name	Da	ite	propriyation (g)
Signature of Organizer		Printed Name	Date		
Daniel V. Smith Print Mame of Rehistered Agent		, consent to serve as the registered a	_	the limited liability compai	ıy.
Signature of Registered Agent		Printed Name	Da	Date	