

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 Limi	ted Liability Compa	any	, 20	
Pursuant to KRS 14A and KRS 2	L 275, the undersigned applic	es to qualify and for that	purpose submits	the following statements:	
Article I: The name of the profes	ssional limited liability comp	eany is			
John B. Moore, Attorney	at Law, PLLC	·			
Article II: The street address of t	the professional limited liab	ility company's initial red	istered office in l	Kentucky is	
2321 Lime Kiln Lane, Suite C		Louisville	, KY	40222	
Street Address Only (No Post Office B	City	State	Zip Code		
and the name of the initial registe	ered agent at that office is	John B. Moore			
Article III: The mailing address o	of the professional limited li	ability company's initial բ	orincipal office is		
2321 Lime Kiln Lane, Sui	Louisville	KY	40222		
Street Address or Post Office Box Nur	City	State	Zip Code		
Article IV: The professional limite	ed liability company is to be	e managed by (must che	ck one):		
·		, ,	•		
A. a manager(s).		B. its member(s).			
Article V: The profession to be p	racticed through the profes	sional limited liability co	mpany:		
Attorney at Law					
Article VI: This application will be date or the delayed effective date	e cannot be prior to the date rjury under the laws of the	e the application is filed. state of Kentucky that th ohn B. Moore	The date and/or e foregoing is tru	time is (Delayed effective date and/or time)	
Signature of Organizer F		nted Name	Dat	Date	
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Signature of Organizer		nted Name	Date		
ignature of Organizer P		nted Name	Dat	Date	
John B. Moore Print Name of Registered Agent	, con	sent to serve as the registered	agent on behalf of the	ne limited liability company.	
Lol Val	Jo	ohn B. Moore	Jι	ıne 29, 2012	
Signature of Registered Agent	Pri	nted Name	Dat		