

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

Division of Business Filings Business Filings

Articles of Incorporation

PAI

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Profit Corpor	ation				
Pursuant to KRS 14A		· <del>=</del>	• • •	-		omits the follow	ing statements:
Article I: The name of	the corporation	<sub>on is</sub> T. Monroe	Laboratory	Solution	s, LLC		
Article II: The number							
Article III: The street a	ddress of the	corporation's initi	al registered off	ice in Kentι	ıcky is		
234 North Plaza			Nicholasville	Kentucky	40356		
Street Address (No Post O					City	State	Zip Code
and the name of the in	itial registered	l agent at that offi	<sub>ce is</sub> 234 No	rth Plaza	Drive Nicho	lasville Ken	tucky 40356
Article IV: The mailing							
234 North Plaza Drive					Nicholasville	Kentucky	40356
Street Address or Post Office Box Number				, , , , , , , , , , , , , , , , , , , ,	City	State	Zip Code
Article V: The name a	nd mailing ad	dress of the incor	porator is as foll	ows:			
Mason M. Routt 234 North Plaza Drive					Nicholasville	Kentucky	40356
Name	Street Address or Post Office Box Number				City	State	Zip Code
Name	Street Address or Post Office Box Number				City	State	Zip Gode
Name	Street Address or Post Office Box Number				City	State	Zip Code
Article VI: This applicat or the delayed effective	ion will be eff date cannot	ective upon filing, be prior to the da	unless a delaye te the applicatio	ed effective n is filed. T	date and/or time he date and/or t	ime is(Delayed	he effective date d/or time)
I/We declare under per	nalty of perjur	y under the laws o	of the state of Ko	entucky tha	t the foregoing is	true and corre	ct.
			Mason M. Routt			01/22/2014	
Signature of incorporator			ed Name	Title		Date	
I, Mason M. Routt				, consent to	o serve as the regist	ered agent on beha	ılf of the corporation
Masser M Roy DO			Mason M. Routt C			01/22	2/2014
Signature of Registered Agent			Printed Name Title			Date	