



COMMONWEALTH OF KENTUCKY
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 Organization
Limited Liability Company
KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is
Medical Transcription Unlimited, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is
1002 Donovan Court Goshen Kentucky 40026
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Lisa F. Raymond

Article III: The mailing address of the limited liability company's initial principal office is
1002 Donovan Court Goshen Kentucky 40026
Street Address or Post Office Box Number City State Zip Code

Article IV: The limited liability company is to be managed by (must check one):

Form with checkboxes for management options:
 A. a manager(s).
 B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 04-05-12 (Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Organizer Lisa F. Raymond, Owner 04-05-12

Signature of Organizer Printed Name & Title Date

Lisa F. Raymond consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent Signature of Registered Agent Lisa F. Raymond 04-05-12 Printed Name Date