

**0862176.06**mstratton  
LAOOAlison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
7/16/2013 8:11 AM  
Fee Receipt: \$40.00**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.govArticles 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  
**ECHELON CONSULTANTS, LLC**

Article II: The street address of the limited liability company's initial registered office in Kentucky is

23 Cedar Point	Cold Spring	KY	41076
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is **Amy Lynn Tally**

Article III: The mailing address of the limited liability company's initial principal office is

23 Cedar Point	Cold Spring	KY	41076
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):

☐

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 \_\_\_\_\_  
(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.

	Robert Reynolds	7/16/2013
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
------------------------	----------------------	------

I, **Amy L. Tally**, consent to serve as the registered agent on behalf of the limited liability company.

	Amy L. Tally	7/16/2013
Signature of Registered Agent	Printed Name	Date