0835177.06

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/6/2012 1:40 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Articles of Organization				KLC
Business Filings	Limited Liability Comp			
PO Box 718 Frankfort, KY 40602				
(502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS	275, the undersigned applies	to qualify and for that pu	irpose submits the	following statements
Article I: The name of the limit	ed liability company is			
SharonHamiltonCons	sulting, LLC			
Article II: The street address o	f the limited liability company's	initial registered office i	n Kentucky is	
860 Geoghegan Roa	Shelbyville	KY	40065	
Street Address Only (No Post Office		City	State	Zip Code
	9	haron Hamilton		
and the name of the initial regis	stered agent at that office is \underline{S}	naion naminon		
	of the limited liability company		is	
860 Geoghegan Road		Shelbyville	KY	40065
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability of A. a manager(s). B. its member(s). Article V: This application will I			and/or time is prov	yided. The offoctive
date or the delayed effective da	ite cannot be prior to the date t	he application is filed.	he date and/or tim	(Delayed effective
				date and/or time)
I/We declare under penalty of p	erjury under the laws of the sta	ite of Kentucky that the	foregoing is true a	ad correct
Sheam Thomas F	-	to a	loregoing is true at	or correct.
Signature of Organizer	54	GEDA DUN 11.	ton menseo)	8-6-12
January of Organizer	Printe	d Name & Title		Date
Signature of Organizer	Printe	d Name & Title		Date
SHARON NOMI	iton			
Print Name of Registered Agent	, conser	nt to serve as the registered a	gent on behalf of the lin	nited liability company.
Sharn Kanutu	SA	ARIN LAMIN	7M 8-	10-D
Signature of Registered Agent	Printe	d Name	Date	0.10