0899779.09

mstratton **PAOI** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 10/16/2014 3:02 PM Fee Receipt: \$50.00

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

**Division of Business Filings** 

Articles of Incorporation

PAI

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Profit C	Corporation			
Pursuant to KRS 14A	and KRS 271B, the und	dersigned applies to	qualify and for that purpose	submits the fo	ollowing statements:
Article I: The name o	f the corporation is <u>N</u>	LINT Consul	ting Inc		
Article II: The numbe	r of shares the corporati	ion is authorized to is	ssue is <u>100</u>		<u> </u>
Article III: The street	address of the corporati	ion's initial registered	office in Kentucky is		
535 Avawam Dr Street Address (No Post Office Box Numbers)			Richmond	KY	40475 Zip Code
Street Address (No Post Office Box Numbers)			City	State	Zip Code
and the name of the i	nitiat registered agent at	t that office is <b>Mi</b>	ke Neal		
Article IV: The mailin	g address of the corpora	ation's principal office	e is		
535 Avawam Dr.			Richmond	KY	40475
Street Address or Post C	ffice Box Number		City	State	Zip Code
Article V: The name	and mailing address of t	the incorporator is as	follows:		
Mike Neal	535 Ava	wam Dr.	Richmond	KY	40475
Name	Street Address or Post (	Office Box Number	City	State	Zip Code
Name	Street Address or Post (	Office Box Number	City	State	Zip Code
Name	Street Address or Post (	City	State	Zip Code	
			layed effective date and/or ti ation is filed. The date and/o	or time is 🚺	
I/We declare under p	enalty of perjury under t	he laws of the state o	of Kentucky that the foregoin	g is true and	correct.
		MIKE NEAL	PRESIDENT		10/16/2014
Signature of Incorporator		Printed Name	Titie		Date '
1. MIKE	NEXL—	·.	, consent to serve as the re	gistered agent o	n behalf of the corporation.
Print Name of Register	ed Agent		^		/ / .
		MIKE NEW	L PRESIDENT	<del> </del>	10 /14 /2014
Signature of Registered	Agent	Printed Name	litle	D	pare / /