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Elaine N. Walker, Secretary of State

Received and Filed: 6/7/2011 12:46 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organizat Limited Liability Con			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned applies	to qualify and for that pu	rpose submits the f	ollowing statements
Article I: The name of the limited	l liability company is			
Property Tax Services	s, LLC			
Article II: The street address of t	he limited liability company's	s initial registered office in	n Kentuckv is	
127 West Main		Lexington	Kentucky	40507
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office is A	aron D. Reedy		
Article III: The mailing address o			s	
127 West Main		Lexington	Kentucky	40507
Street Address or Post Office Box Nun	mber	City	State	Zip Code
Article IV: The limited liability cor	mpany 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 provi	ded. The effective
date or the delayed effective date	e cannot be prior to the date	the application is filed.	The date and/or time	
				(Delayed effective date and/or time)
I/We declare under penalty of pe	rium under the laws of the s	tate of Kentucky that the	foregoing is true an	d correct
		aron D. Reedy, N		6/7/2011
Signature of Organizer		ted Name & Title	10111001	Date
/				
Signature of Organizer	Prin	ted Name & Title		Date
, Aaron D. Reedy	, consent to serve as the registered agent on behalf of the limited liability company.			
Print Name of Registered Agent	Α:	aron D. Reedy	6/7/2	011
Signature of Registered Agent		ted Name	Date	✓ 1 1
(04/11)				