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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/10/2014 8:58 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.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

Job Coaches of Kentucky LLC

Article II: The street address of the limited liability com	pany's initial registered offic	e in Kentucky is	
1345 S. 4th Street Unit A	Louisville	Kentucky	40208
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office	_{e is} Mapp & Associa	ates LLC	
Article III: The mailing address of the limited liability co	mpany's initial principal offic	ce is	
P. O. Box 32484	Louisville	Kentucky	40232
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be manage A. a manager(s). B. its member(s). Article V: This application will be effective upon filing, u date or the delayed effective date cannot be prior to the	unless a delayed effective date the application is filed	I. The date and/or time	e is 11/14/2014 (Delayed effective date and/or time)
VINI HAGAD	James J. Mapp-Member		11/10/2014
Signature of Organizer	Printed Name & Title	τ. 	Date
Signature of Organizer	Printed Name & Title		Date
Mapp & Associates LLC Print Name of Registered Agent	_, consent to serve as the registere		
TTOTA HUKAP	James J. Mapp	11/10	/2014
Signature of Registered Agent (01/12)	Printed Name	Date	