



**COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE**

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. 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:

Valint Consulting LLC

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

1129 Turkey Foot Rd., #6 Lexington KY 40502
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Joseph Quinn

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

1129 Turkey Foot Rd., #6 Lexington KY 40502
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 effective date is _____.

Please indicate the county in which your business operates:

County: Fayette

To complete the following, please shade the box completely.

Please indicate the size of your business:

☒ Small (Fewer than 50 employees)

☐ Large (50 or more employees)

Please indicate whether any of the following applies to your business ownership:

☐ Women Owned

☐ Veteran Owned

☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture

☐ Mining

☒ Services

☐ Construction

☐ Wholesale Trade

☐ Retail Trade

☐ Manufacturing

☐ Finance, Insurance, Real Estate

☐ Public Administration

☐ Transportation, Communications, Electric, Gas, Sanitary Services

☐ Other

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Joseph Quinn
Signature of Organizer

Joseph Quinn, Member

4-6-2022

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

I, Joseph Quinn
Print Name of Registered Agent

consent to serve as the registered agent on behalf of the limited liability company.

Joseph Quinn
Signature of Registered Agent

Joseph Quinn
Printed Name

4-6-2022
Date