0796389.06 amcray LAOO Elaine N. Walker, Secretary of State Received and Filed: 7/22/2011 10:30 AM Fee Receipt: \$40.00

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Limited Liability Company

Pursuant to KRS 14A and KRS 275, the undersigned ap	oplies to qualify and for that pu	rpose submits the	following statements
Article I: The name of the limited liability company is			
Integrated Project Management &	& Design, LLC		
		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
Article II: The street address of the limited liability comp	· ·		40006
200 South Birchwood Ave	Louisville	KY State	40206
Street Address Only (No Post Office Box Numbers)	City Brian Douglas I		Zip Code
and the name of the initial registered agent at that office	is Dhan Douglas I	viai (ii i	·
Article III: The mailing address of the limited liability cor	mpany's initial principal office	is	
200 South Birchwood Ave	Louisville	KY	40206
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be manage	ed by (must check one):		
A. a manager(s).			
$\overline{}$			
B. its member(s).			
Article V: This application will be effective upon filing, u	nless a delayed effective date	and/or time is pro	vided. The effective
date or the delayed effective date cannot be prior to the	date the application is filed.	The date and/or tin	ne is
			(Delayed effective date and/or time)
			,
I/We declare under penalty of perjury under the laws of			
K-10-71	Brian Douglas Ma Printed Name & Title	πin, Principa	1 //21/2011 Date
Signature of Organizer	Brian Douglas Ma	rtin Princinal	
Signature of Organizer	Printed Name & Title	Titi, i illopa	Date
Brian Douglas Martin, Principal			
Print Name of Registered Agent	_, consent to serve as the registered	agent on behalf of the li	mited liability company.
Print Name of Registered Agent	. consent to serve as the registered Brian Douglas M		mited liability company.
Print Name of Registered Agent Signature of Registered Agent			