

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 Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned a	pplies to qualify and for that pur	pose submits the foll	owing statements
Article I: The name of the limited	d liability company is			
T. Monroe Laboratory	Solutions, LLC			
Article II: The street address of t	the limited liability com	nany's initial registered office in	Kentucky is	
234 North Plaza Drive	-	Nicholasville	Kentucky	40356
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registe	ered agent at that office	_{e is} Mason M. Routt		
_	-			
Article III: The mailing address of 234 North Plaza Drive	Nicholasville	Kentucky	40356	
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s). Article V: This application will be			nd/or time is provide	d. The effective
date or the delayed effective date				
I/We declare under penalty of pe	rjury under the laws of	the state of Kentucky that the fo	regoing is true and o	correct.
Signature of Organizer		Printed Name & Title	Di	ate
Signature of Organizer		Printed Name & Title	Date	
յ _, Mason M. Routt	.	_, consent to serve as the registered age	ent on behalf of the limited	l liability company.
Print Name of Registered Agent		Mason M. Routt	01/21/2014	
Signature of Registered Agent		Printed Name	Date	_

(01/12)