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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/7/2015 3:46 PM 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 Comp			KLC	
Pursuant to KRS 14A and KRS	L 275, the undersigned applies f	to qualify and for that p	urpose submits the	following statements:	
Article I: The name of the limited H2 Consultants, LLC	d liability company is				
Article II: The street address of	the limited liability company's	initial registered office	in Kentucky is		
175 Jesselin Drive		Lexington	KY	40503	
Street Address Only (No Post Office E	3ox Numbers)	City	State	Zip Code	
and the name of the initial regist	ered agent at that office is Na	an Hanley			
Article III: The mailing address	of the limited liability company	's initial principal office	ie		
175 Jesselin Drive	or the infinited hability company	Lexington	KY	40503	
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The limited liability contains A. a manager(s). B. its member(s). Article V: This application will be			e and/or time is pro	vided. The effective	
date or the delayed effective dat	e cannot be prior to the date t	he application is filed.	The date and/or tin	ne is (Delayed effective date and/or time)	
I/We declare under penalty/of pe	grjury under the laws of the sta	ate of Kentucky that the	e foregoing is true a	nd correct.	
1 has want tool Na		n Hanley	Hanley		
Signature of Organizer Prin		ed Name & Title	Date		
Signature of Organizer	Printe	ed Name & Title		Date	
Nan Hanley Print Name of Registered Agent , consent to serve as the registered agent on behalf of the limited liability company.					
		n Hanley	1/7/2	1/7/2015	
Signature of Registered Agent	Printe	ed Name	Date		
(01/12)	/				