

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Business Filings PO Box 718 Frankfort, KY 40602	Articles of Organ Limited Liability			KLC
(502) 564-3490 www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	L 275, the undersigned ar	oblies to qualify and for that n	Urnoce cubmite the fel	
Article I: The name of the limited	Lliability company is	remove to qualify and for that pr	urpose submits the fol	lowing statements:
MHMB Consulting, LLC				
Article II: The street address of t	he limited liability comp	any's initial registered office is	n Kontusia ia	·
7711 Ewing Blvd., Ste.	100	Florence	Kentucky	41042
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code
and the name of the initial registe	ered agent at that office	is Patrick J. Monohar		Zrp Code
				·
Article III: The mailing address of 3471 Reeves Drive	the inflited liability con			
Street Address or Post Office Box Num	her	Ft. Wright	Kentucky	41017
		City	State	Zip Code
Article IV: The limited liability con	npany is to be managed	by (must check one):		
A. a manager(s).				
B. its member(s).				
<u> </u>				
Article V: This application will be	effective upon filing, un	less a delayed effective date	and/or time is provide	d. The effective
date or the delayed effective date	cannot be prior to the o	late the application is filed. T	he date and/or time is	
				(Delayed effective date and/or time)
We declare under penalty of perj	ury under the laws of th	e state of Kentucky that the f	orogoing is two	
Michele Branta	a /2	Michele Bramlage - I	Member	orrect.
ignature of Organizer		Printed Name & Title	VICTIDE! Da	ugust 11, 201
			Ua	
ignature of Organizer		Printed Name & Title	Da	te
Patrick J. Monohan				
Print Name of Registered Agent		consent to serve as the registered ag	ent on behalf of the limited	liability company.
ignature of Registered Agent		Patrick J. Monohan	8/11	12014
Aniergia of tradistated Agent	<u> </u>	Printed Name	Date	

(01/12)