



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 Organiza Nonprofit Limited L			NLC
Pursuant to KRS 14A and KRS 275,	the undersigned applies to qu	ualify and for that purpose subr	nits the follow	ing statements:
Article I: The name of the non-profit				
Redwood Cooperative Scho				
Article II: The street address of the	non profit limited liability some		Manda alas in	
Article II: The street address of the 729 Cheryl Lane	non-pront infined hability comp	1927 W	2.22.3	40504
	ov Number	Lexington	KY	40504
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registered	agent at that office is Gary	Dayton		
Article III: The mailing address of th	e non-profit limited liability con	npany's initial principal office is		
3534 Tates Creek Road Sui	Lexington	KY	40517	
Street Address or Post Office Box		City	State	Zip Code
B. its member(s). Article V: The purpose of the non-property of the Parent-Teacher Cooperative			erves cent	ral Kentucky
Article VI: This application will be eff	ective upon filing, unless a del	ayed effective date and/or time	e is provided.	The effective date or the
delayed effective date cannot be price	or to the date the application is			e date and/or time)
I/We declare under penalty of perjur	v under the laws of the state o			
Josh Gala		ah Endicott	true and con	ect.
Signature of Organizer		nted Name		11011
· Dann I min		ry Dayton	7	ate / / / /
Signature of Organizer Printed Nar				ate 14
Corday P		rday Piston	-	1/15/11
Signature of Organizer		nted Name	D	ate
Gary Dayton Print Name of Registered Agent	, consent t	to serve as the registered agen	t on behalf of	the limited liability company
1 Dans I mit	^∖) Ga	ry Dayton	La	/1/1/1
Signature of Registered Agent		nted Name	<u>D</u>	ate // 4