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Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 1/20/2015 12:37 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

DIC

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Limited Liability Company				
Pursuant to KRS 14A and KRS 2	75, the undersigned	applies to qualify and for that	t purpose submits	the following statem	ents
Article I: The name of the profes	sional limited liability	y company is			
Smith & O'Toole, PLLC		. •			
Article II: The street address of t	he professional limit	ed liability company's initial re	egistered office in	Kentucky is	-
200 East Main St., Suite 209,		Richmond	KY	40475	
Street Address Only (No Post Office B	ox Numbers)	City	State	Zip Code	-
and the name of the initial registe	ered agent at that off	ice is Daniel V. Smith			
Article III: The mailing address o	f the professional lin	nited liability company's initial	principal office is		
200 East Main Street, S	Richmond	KY	40475		
Street Address or Post Office Box Number		City	State	Zip Code	*
Article IV: The professional limite	ed liability company	is to be managed by (must ch	eck one):		
A. a manager(s).		B. its member(s)			
Article V: The profession to be pr	racticed through the	professional limited liability c	ompany:		
Article VI: This application will be date or the delayed effective date	cannot be prior to t	he date the application is filed	l. The date and/o	r time is (Delayed effect date and/or time)	tive
W 1/2 SI		Daniel V. Smith	1	-1-15	
Signature of Organizer)		Printed Name	Da	ite	
		James O'Toole	1	1-1-15	
Signature of Organizer	Management of the Control of the Con	Printed Name	Da	ite	negative and p
ignature of Organizer P		Printed Name	Da	Date	
Daniel V. Smith Print Mame of Registered Agent		, consent to serve as the register	ed agent on behalf of t	the limited liability compan	y.
WDD ST		Daniel V. Smith	1.	-1-15	
Signature of Registered Agent		Printed Name	Da	te	