



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
Professional Limited Liability Company

PLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the professional limited liability company is
Law Offices of John Schmidt & Associates, PLLC

Article II: The street address of the professional limited liability company's initial registered office in Kentucky is
730 West Market, Suite 490 Louisville KY 40202
 Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is John H. Schmidt

Article III: The mailing address of the professional limited liability company's initial principal office is
730 West Market, Suite 490 Louisville KY 40202
 Street Address or Post Office Box Number City State Zip Code

Article IV: The professional limited liability company is to be managed by (must check one):

 A. a manager(s). ☒ B. its member(s).

Article V: The profession to be practiced through the professional limited liability company:

Law

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is ^{1/3/13} 2/23/13
 (Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

[Signature] John H. Schmidt ~~2/23/13~~ 2/23/13
 Signature of Organizer Printed Name Date

 Signature of Organizer Printed Name Date

 Signature of Organizer Printed Name Date

I, John H. Schmidt, consent to serve as the registered agent on behalf of the limited liability company.
 Print Name of Registered Agent

[Signature] John H. Schmidt ~~1/3/13~~ 2/23/13
 Signature of Registered Agent Printed Name Date