

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Li	mited Liability Compan	У	PLC	
Pursuant to KRS 14A and KRS 2	275, the undersigned ap	pplies to qualify and for that pu	rpose submits	s the following statement	
Article I: The name of the profes	sional limited liability co	ompany is			
Douglas P. Vowels, Attor	ney at Law, PLLC	;			
Article II: The street address of the	he professional limited	liability company's initial regist	ered office in	Kentucky is	
619 High Street		Brandenburg	KY	40108	
Street Address Only (No Post Office Bo	ox Numbers)	City	State	Zip Code	
and the name of the initial registe	ered agent at that office	_{is} Douglas P. Vowels			
Article III: The mailing address of	f the professional limite	d liability company's initial prin	icipal office is		
PO Box 356	Brandenburg	KY	40108		
Street Address or Post Office Box Num	nber	City	State	Zip Code	
Article IV: The professional limite	ed liability company is to	he managed by (must check	ono).	ŕ	
	d habitey domparty to to	•	one).		
A. a manager(s).		B. its member(s).			
Article V: The profession to be pr	acticed through the pro	fessional limited liability comp	any:		
Law Office		,	,		
Article VI: This application will be date or the delayed effective date	cannot be prior to the o	late the application is filed. The	ne date and/oi	time is immediately (Delayed effective	
		Douglas P. Vowels	9	/16/13	
Signature of Organizer		Printed Name		Date	
nature of Organizer Printed N		Printed Name	Date		
gnature of Organizer Print		Printed Name	Date		
Douglas P. Vowels Print Name of Registered Agent		consent to serve as the registered ag	ent on behalf of th	ne fimited liability company.	
		Douglas P. Vowels	9/	16/13	
Signature of Registered Agent		Printed Name	D-1		