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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY **ELAINE N. WALKER, SECRETARY OF STATE**

Division of Business Filings

Articles of Organization

DIC

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Professional Limited Liability Company	PLC
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to qualify and for that purpos	e submits the following statements
Article I: The name of the profes	sional limited liability company is	
Mellissa Ey	re yeagle, PLLC	
O O	he professional limited liability company's initial registered	d office in Kentucky is
	ox Numbers) City Cours Louis L	
and the name of the initial registe	ered agent at that office is <u>MEIIISSA Eyre Y</u>	eagle
_	f the professional limited liability company's initial principa	
462 South Fourt Street Address or Post Office Box Num	nber Street, Suite 101 LOUISALLE s	40202 State 40202
Article IV: The professional limite	ed liability company is to be managed by (must check one):
A. a manager(s).	B. its member(s).	
Article V: The profession to be professi	racticed through the professional limited liability company:	
Article VI: This application will be	effective upon filing, unless a delayed effective date and/e cannot be prior to the date the application is filed. The date	ate and/or time is 7 5 20 (Delayed effective
I/We declare under penalty of per	jury under the laws of the state of Kentucky that the foreg	date and/or time) oing is true and correct.
MUUHUEM YE Signature of Organizer	agle MULISSA Eyre year	1916 7 5 2011
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
I, MUNSSA FUTCUL	ague, consent to serve as the registered agent of	n behalf of the limited liability company.
MUUSA Eyrl Yl Signature of Registered Agent	Printed Name Syle year	agic 7/5/2011