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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/16/2015 10:03 AM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organization	
PO Box 718	Limited Liability Company	KLC
Frankfort, KY 40602	,,,,,	
(502) 564-3490		
www.sos.ky.gov	·	
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to qualify and for that purpose	e submits the following statements
Article I: The name of the limited	liability company is	and following statements
Weichert Real	Hors CKY, UC	
Article II: The street address of the	he limited liability company's initial registered office in Kent	
128 P Deunal	Ac Od +100	tucky is
Street Address Only (No Post Office Bo	Numbers)	<u>Ky</u> 40517.
	, SI	tate Zip Code
and the name of the initial register		iright.
Article III: The mailing address of	the limited liability company's initial principal office is	J
138 C. Keynolds	No #200 leveration	Vi Incin
Street Address or Post Office Box Num	ber City St	ate Zin Code
Article IV: The limited liability com	pany is to be managed by (must check one):	
A. a manager(s).	(mast shock one).	
		· ·
B. its member(s).		
Article V: This application will be e	effective upon filing, unless a delayed effective date and/or	firms to nearly to the second
date or the delayed effective date	connect be made of the connect be made and of	inte is provided. The effective
and the dolayed enective date (	cannot be prior to the date the application is filed. The dat	
		(Delayed effective date and/or time)
We declare under penalty of perju	ury under the laws of the state of Kentucky that the foregoing	na is true and correct
VILLOU XLLA		land and correct.
Signature of Organizer	VULCI STEVENS, IV Printed Name & Title	Date Date
		Dere
Signature of Organizer	Printed Name & Title	Date
Thomas J Was	ahl	
Print Name of Registered Agent	consent to serve as the registered agent on b	pehalf of the limited liability company.
Signature of Parish	yld Thomas J Wright Printed Name	1-16-15
Signature of Registered Agent	Printed Name	Date
(01/12)		