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Elaine N. Walker, KY Secretary of State Received and Filed: 11/30/2011 8:24 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organi Limited Liability C	company		KLC	
Pursuant to KRS 14A and KRS 2	75, the undersigned app	blies to qualify and for that p	urpose submits the	following statements:	
Article I: The name of the limited	I liability company is				
The Inclusion Solution	ı, LLC				
Article II: The street address of	the limited liability comp	anv's initial registered office	in Kentucky is		
6417 Stableview Place		Louisville	KY	40228	
		City	State	Zip Code	
Street Address Only (No Post Office E and the name of the initial regist	orod agent at that office	is Adrienne Denise	Henderson		
and the name of the initial regist	ered agent at that office		. in		
Article III: The mailing address		Louisville	KY	40228	
6417 Stableview Place		City	State	Zip Code	
Article IV: The limited liability co	mpany is to be manage	d by (must check one).			
A. a manager(s).					
B. its member(s).					
Article V: This application will b	e effective upon filina. U	nless a delayed effective da	te and/or time is pro	vided. The effective	
date or the delayed effective da	te cannot be prior to the	date the application is ned.	The date analor an	(Delayed effective date and/or time)	
I/We declare under penalty of p	erjury under the laws of	the state of Kentucky that th	e foregoing is true a	and correct.	
ducime Denise	Jendhor	Adrienne Denise	Henderson	11/29/2011 Date	
Signature of Organizer		Printed Name & Title		Date	
		Printed Name & Title		Date	
Signature of Organizer	- deve ere				
Adrienne Denise He	HIGHISON	_, consent to serve as the registere			
Augune Penise	Print Name of Registered Agent Adrienne Denise Henderson 11/29/2011				
Signature of Registered Agent	-1	Printed Name	Date		
(04/11)					