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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 6/20/2013 1:08 PM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Articles of Organization

DIO

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	The state of the s	Professional Limited Liability Company			
Pursuant to KRS 14A and K	RS 275, the undersign	ned applies to qualify and for that	purpose submit	s the following state	ment
Article I: The name of the p					
Nett Immigration Law		my company to			
Article II: The street addres	s of the professional li	mited liability company's initial reg	istered office in	Kentucky is	
2505 Broadmeade Road		Louisville	KY	40205	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial re	egistered agent at that	office is Charles Nett			
Article III: The mailing addre	ess of the professional	limited liability company's initial p	principal office is		
2505 Broadmeade Road		Louisville	KY	40205	
Street Address or Post Office Box Number		City	State	Zip Code	· ·
A. a manager(s Article V: The profession to LAW	***	B. its member(s).	mpany:		
acto of the delayed effective	date carmot be prior t	ng, unless a delayed effective dat o the date the application is filed. vs of the state of Kentucky that the Charles Nett	The date and/o	r time is (Delayed effe	ctive
organizer		Printed Name	Da	te	18.
ignature of Organizer		Printed Name		Date	
Signature of Organizer		Printed Name Date		te	
Charles Nett					
Print Name of Registered Agent		, consent to serve as the registered	agent on behalf of t	he limited liability compa	ny.
Salarara or registered Agent		Printed Name	Da	te	-