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Alison Lundergan Grimes
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

| | | |
|---|---|-----|
| Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Articles of Organization Limited Liability Company | KLC |
|---|---|-----|

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is
Amore Dog Obedience Training, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

| | | | |
|--|---------------|-----------|--------------|
| <u>2373 Frontier Dr</u> | <u>Hebron</u> | <u>KY</u> | <u>41048</u> |
| Street Address Only (No Post Office Box Numbers) | City | State | Zip Code |

and the name of the initial registered agent at that office is Angela N More

Article III: The mailing address of the limited liability company's initial principal office is

| | | | |
|--|---------------|-----------|--------------|
| <u>2373 Frontier Dr</u> | <u>Hebron</u> | <u>KY</u> | <u>41048</u> |
| Street Address or Post Office Box Number | City | State | Zip Code |

Article IV: The limited liability company is to be managed by (must check one):

- A. a manager(s).
 B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

| | | |
|------------------------|-----------------------------|----------------|
| <u>Angela N More</u> | <u>Angela N More, Owner</u> | <u>5/30/12</u> |
| Signature of Organizer | Printed Name & Title | Date |

| | | |
|------------------------|----------------------|------|
| Signature of Organizer | Printed Name & Title | Date |
|------------------------|----------------------|------|

I, Angela N More, consent to serve as the registered agent on behalf of the limited liability company.

| | | |
|--------------------------------|----------------------|----------------|
| Print Name of Registered Agent | | |
| <u>Angela N More</u> | <u>Angela N More</u> | <u>5/30/12</u> |
| Signature of Registered Agent | Printed Name | Date |