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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Articles of Organization
Professional Limited Liability Company

PLC

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 professional limited liability company is:

Central Kentucky Sedation, PLLC

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

105 Spruce Street Lexington KY 40507

Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is J. Gregory White, D.M.D., M.S.D.

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

105 Spruce Street Lexington KY 40507

Street Address or Post Office Box Number City State Zip Code

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

☒
☐

A. a manager(s).

B. its member(s).

Article V: The profession to be practiced through the professional limited liability company:

Dental Sedation

Article VI: This application will be effective upon filing.

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

Ashleigh VanLandingham

Ashleigh VanLandingham

5/23/2023

Signature of Organizer

Printed Name

Date

Signature of Organizer

Printed Name

Date

Signature of Organizer

Printed Name

Date

I, J. Gregory White, D.M.D., M.S.D.

consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

J. Gregory White, D.M.D., M.S.D.

5/23/2023

Signature of Registered Agent

Printed Name

Date