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COMMONWEALTH OF KENTUCKY

MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/6/2023 2:56 PM Fee Receipt: \$40.00

KLC

dwilliams ADD

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

Articles of Organization Limited Liability Company

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: Lewisport Rest Home I LLC

Article II: The street address of the limited liability compared	ny's initial registered office in	Kentucky is:	
421 West Main Street	Frankfort	KY	40601
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office is	UCS of Kentucky, Inc.		

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

445 Central Avenue, Unit 215	Cedarhurst	NY	11516
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.

_____ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

/s/ Raquel Edery	Raquel Edery, Manager	6/2/2023
Signature of Organizer	Printed Name & Title	Date
I, UCS of Kentucky, Inc. Print Name of Registered Agent	, consent to serve as the registered agent o	n behalf of the limited liability company.
/s/ Michael A. Barr, President Signature of Registered Agent	Michael A. Barr	6/2/23
Signature of Registered Agent	Finited Name	LUCIU