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mstratton  
LAOOAlison Lundergan Grimes  
Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATEDivision of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.govArticles 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

New Life Clinic, LC

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

400 West Market Street, SUITE 1800      Louisville      Kentucky      40202  
Street Address Only (No Post Office Box Numbers)      City      State      Zip Code

National Registered Agents, Inc.

and the name of the initial registered agent at that office is

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

1604 Mundys Landing      Versailles      Kentucky      40383  
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 08/29/2012  
(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.

Mason Routt      Mason Routt Chief Executive      8/29/2012  
Signature of Organizer      Printed Name & Title      Date

Signature of Organizer      Printed Name &amp; Title      Date

I, National Registered Agents, Inc., consent to serve as the registered agent on behalf of the limited liability company.

By: Jessica Metzger      Jessica Metzger, Assistant Secretary      8/29/2012  
Signature of Registered Agent      Printed Name      Date