1400404.06 Michael G. Adams Secretary of State Received and Filed 1/1/2025 12:00:00 AM Fee receipt: \$40

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#### Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# Articles of Organization Professional 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 professional limited liability company is

# MCKEE MEDICAL CLINIC, PLLC PLLC

Article II: The name of the initial registered agent is

#### David J Hays

and the street address of the entity's initial registered office in Kentucky is

## 25 Hwy 290, McKee, KY 40447

Article III: The mailing address of the entity's principal office is

### 25 Hwy 290, McKee, KY 40447

Article IV: This entity is managed by Members.

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

#### Physicians

Article VI: This filing will be effective on Wednesday, January 1, 2025.

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

Signature of individual signing on behalf of **Organizer: David J** Hays

l, **David J Hays**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, October 8, 2024.