

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**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

**IMPACT HEALTH MANAGEMENT OF LYNDON LLC**

Article II: The name of the initial registered agent is

**ANGELA DELL SHEEHAN**

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

**C010 Ormsby Ln. #1407, Lyndon, KY 40222**

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

**C010 Ormsby Ln. #1407, Lyndon, KY 40222**

Article IV: This entity is managed by **Managers**.

This filing will be effective on **Saturday, January 25, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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: ANGELA DELL SHEEHAN**

I, **ANGELA DELL SHEEHAN**, consent to serve as the Registered Agent on behalf of this entity on Saturday, January 25, 2025.