

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Organization Limited Liability Compan	у	PLC	
Pursuant to KRS 14A and KRS	275, the undersigned	d applies to qualify and for that pu	rpose submits	s the following statement	
Article I: The name of the profe	ssional limited liability	y company is			
Collins Company LLC			10		
Article II: The street address of	the professional limit	ted liability company's initial regist	tered office in	Kentucky is	
1045 Lakeshore Pkwy		Brandenburg	KY	40108	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
		fice is Charles R Collins IV	ic.		
		mited liability company's initial prir	ncipal office is		
1045 Lakeshore Pkwy		Brandenburg	KY	40108	
Street Address or Post Office Box Number		City	State	Zip Code	
A. a manager(s). Article V: The profession to be Healthcare Consultant	practiced through the	B. its member(s).	oany:		
	e effective upon filing	g, unless a delayed effective date	and/or time is	provided. The effective	
		the date the application is filed. T			
I/We declare under penalty of pe	erjury under the laws	of the state of Kentucky that the	foregoing is tr	(Delayed effective date and/or time) ue and correct.	
Charles R Collin IV		Charles R Collins IV	(03/21/2012	
Signature of Organizer		Printed Name		ate	
Signature of Organizer		Printed Name Date		ate	
Signature of Organizer		Printed Name	Printed Name Date		
Charles R Collins IV		, consent to serve as the registered a	gent on hehalf of	the limited liability company	
Print Name of Registered Agent		, consent to serve as the registered at	gent on benan or	the miniculability company.	
Charles R Collins IV		Charles R Collins IV	<u> </u>	03/21/2012	
Signature of Registered Agent		Printed Name	D	ate	