Fee Receipt: \$40.00

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 11/7/2014 12:35 PM

ARTICLES OF ORGANIZATION of KID'S DENTISTREE – WESTPORT VILLAGE, PLLO

The undersigned organizer, desiring to form a professional limited liability company under the Kentucky Limited Liability Company Act, hereby states the following:

- 1. The name of the professional limited liability company is **Kid's Dentistree Westport Village, PLLC**.
- 2. The name and address of the registered agent is:

Steven A. Goodman Lynch, Cox, Gilman & Goodman, P.S.C. 500 W. Jefferson St., Suite 2100 Louisville, KY 40202

3. The address of the initial principal office of the limited liability company is:

134 N. Evergreen Road, Suite 200 Middletown, KY 40243

- 4. The profession to be practiced through the professional limited liability company is dentistry.
- 5. The limited liability company has at least one member.
- 6. The limited liability company is to be managed by its manager(s).
- 7. The limited liability company has no specific date of dissolution.

Steven A. Goodman, Organizer & Agent

This instrument prepared by:

Steven A. Goodman, Esq.

Lynch, Cox, Gilman & Goodman, P.S.C.

500 W. Jefferson St., Suite 2100

Louisville, Kentucky 40202 Telephone: (502) 589-4215

Facsimile: (502) 589-4994