

Michael G. Adams Kentucky Secretary of State

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		ONWEALTH OF KENTUCKY G. Adams, Secretary of State		Received and Filed: 6/6/2023 3:07 PM Fee Receipt: \$40.00	
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of (Limited Liabil	Drganization ity Company		KLC	
Pursuant to KRS 14A and KRS	275, the undersigne	ed applies to qualify and for that p	ourpose submits t	the following statements:	
Article I: The name of the limited	d liability company	s: Madisonville Rest Home	ILLC		
Article II: The street address of 421 West Main Street	the limited liability of	[.] company's initial registered office Frankfort	in Kentucky is: KY	40601	
Street Address Only (No Post Office I		City	State	Zip Code	
and the name of the initial regist	ered agent at that o	office is UCS of Kentucky, In	1C.		
-		y company's initial principal office		11516	
445 Central Avenue, Suite 215 Street Address or Post Office Box Number		<u>Cedarhurst</u> City	<u> </u>	11510 Zip Code	
Article V: This application will be	is veteran-owned a	ng. s defined by KRS 14A.2-070(45) the state of Kentucky that the for			
		Raquel Edery, Manager	<u>.</u>	6/2/2023	
<u>/s/ Raquel Edery</u> Signature of Organizer		Printed Name & The		Date	
<u>/s/ Raquel Edery</u> Signature of Organizer I, <u>UCS of Kentucky, Inc.</u> Print Name of Registered Agent		, consent to serve as the registered	U	he limited liability company.	
Signature of Organizer _{I,} UCS of Kentucky, Inc.	nt		U	he limited liability company. /23	