

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

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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**Articles of Organization  
Professional Limited Liability Company**

**PLC**

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

**RAPHAEL CHIROPRACTIC PLLC**

Article II: The name of the initial registered agent is

**Teresa Marion Bales**

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

**12700 Dickerson Road, Walton, KY 41094**

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

**12700 Dickerson Road, Walton, KY 41094**

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

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

**chiropractors**

Article VI: This filing will be effective on **Thursday, March 6, 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: Teresa Bales**

I, **Teresa Marion Bales**, consent to serve as the Registered Agent on behalf of this entity on Thursday, March 6, 2025.