COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings **Business Filings** PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	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

Healthy Practices, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

803 Colleton Court	Berea	KY	40403
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is **Tonya L. Cummings**

Article III: The mailing address of the limited liability company's initial principal office is

P O Box 1924	Richmond	KY	40476
Street Address or Post Office Box Number	City	State	Zip Code

Article IV: The limited liability company is to be managed by (must check one):

☐   A. a manager(s).

☑   B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is **09/01/2011**
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Bridget E. McGovern	Bridget E. McGovern, Member	8/25/2011
Signature of Organizer	Printed Name & Title	Date
Tonya L. Cummings	Tonya L. Cummings, Member	8/25/2011
Signature of Organizer	Printed Name & Title	Date

I, **Tonya L. Cummings**
Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the limited liability company.

Tonya L. Cummings	Tonya L. Cummings	08/25/2011
Signature of Registered Agent	Printed Name	Date

(04/11)