COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 1320911.06

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/13/2023 11:58 AM Fee Receipt: \$40.00

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

Articles of Organization Limited Liability Company

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:

Kentucky Physical Therapy Services at Richmond Place LLC

Article II: The street address of the limited liability company's i	nitial registered office ir	n Kentucky is:		
828 Lane Allen Road, Suite 219	Lexington	Kentucky	40504	
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code	5
and the name of the initial registered agent at that office is	Cogency Global Inc.			a.

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

901 Hugh Wallis Road South	Lafayette	LA	70508
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.

_____ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

and D. P.Hior	Joshua L. Proffitt	11/10/2023	
Signature of Organizer	Printed Name & Title	Date	
Cogency Global Inc.	_, consent to serve as the registered agent on beha	If of the limited liability company.	
Kata March V	Katie Nicholson, Assistant Secretary 11/10/2023		
Signature of Registered Agent	Printed Name	Date	





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