

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1286214.06

dwilliams ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 6/6/2023 3:18 PM Fee Receipt: \$40.00

Division of Business Filings

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org			KLC
Pursuant to KRS 14A and KRS 2	ı 275, the undersigned a	applies to qualify and for that p	urpose submits the	following statements:
Article I: The name of the limited	l liability company is:	Rosedale Rest Home Mana	gement LLC	· · · · · · · · · · · · · · · · · · ·
Article II: The street address of	the limited liability com	pany's initial registered office	in Kentucky is:	
421 West Main Street		Frankfort	KY	40601
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial regist	ered agent at that offic	_{e is} UCS of Kentucky, In	C.	
Article III: The mailing address of 445 Central Avenue, Unit 21	-	ompany's initial principal office Cedarhurst	is:	11516
Street Address or Post Office Box Number		City	State	Zip Code
Article V: This application will be I I I I I I I I I I I I I I I I I I		efined by KRS 14A.2-070(45)	for the purposes of	14A.2-165 (see filing
I declare under penalty of perjury	/ under the laws of the	state of Kentucky that the fore	egoing is true and c	orrect.
/s/ Raquel Edery		Raquel Edery, Manager		6/2/2023
Signature of Organizer		Printed Name & Title		Date
UCS of Kentucky, Inc. Print Name of Registered Agent		_, consent to serve as the registered	agent on behalf of the li	mited liability company.
/s/ Michael A Barr Presider	nt	Michael A. Barr	6/2/23	,

Printed Name

Date

Signature of Registered Agent