

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

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**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

**AA-DOUBLE A MEDICAL TRANSPORT, TAXI LLC**

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

**212 N. 2nd St. STE 100, Richmond, KY 40475**

and the name of the initial registered agent at that office is **Registered Agents Inc..**

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

**2691 HWY 460 West, Salyersville, KY 41465**

Article IV: The limited liability company is to be managed by **Members**.

Article V: This application will be effective on **Friday, May 17, 2024**.

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

Organizer: **Matthew Noel Arnett**

I, **David Roberts**, consent to sign for **Registered Agents Inc.** who serves as the Registered Agent on behalf of this limited liability company.