

**ARTICLES OF ORGANIZATION  
OF  
OSBOURNE FAMILY DENTAL, PLLC**

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**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
9/30/2024 9:58 AM  
Fee Receipt: \$40.00

**KNOW ALL MEN BY THESE PRESENTS:**

The undersigned hereby forms and organizes a professional services limited liability company pursuant to the Kentucky Limited Liability Company Act and adopts the following Articles of Organization for such Limited Liability Company.

**ARTICLE I**

The name of the Limited Liability Company is: Osbourne Family Dental, PLLC.

**ARTICLE II**

The name and street address of the registered agent is Chris Nichols, DMD, 1602 Lakewood Dr. Elizabethtown, KY.

**ARTICLE III**

The mailing address of the initial principal place of business of the Limited Liability Company is: 919 Chambers Blvd Ste A, Bardstown, KY 40004.

**ARTICLE IV**

The Limited Liability Company has three initial members.

**ARTICLE V**

The management of the Limited Liability Company is reserved to the member or members, as the case may be, in accordance with the operating agreement of the Limited Liability Company.

## **ARTICLE VI**

Unless earlier dissolved in accord with the Kentucky Limited Liability Company Act and the operating agreement of the limited liability company, the company will dissolve upon the happening of any one or more of the following events in accordance with the operating agreement of Osbourne Family Dental, PLLC: the bankruptcy, death, withdrawal, removal, or wrongful withdrawal of any member.

## **ARTICLE VII**

Except as otherwise provided by Kentucky law, no member, manager, agent or employee of the limited liability company shall be personally liable for the debts, obligations, or liabilities of the limited liability company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, agent or employee of the limited liability company.

## **ARTICLE VIII**

The profession to be practiced by the company is dentistry.

This 26 day of Sept, 2024.

A handwritten signature in blue ink, appearing to read 'Chris Nichols', is written over a horizontal line.

Chris Nichols, DMD, MEMBER

THIS INSTRUMENT PREPARED BY:

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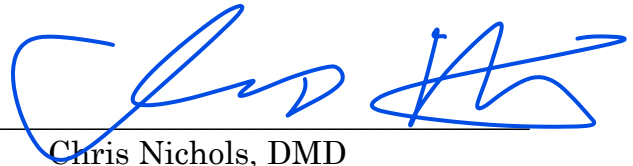
Shelt Michael Lewis  
Attorney at Law  
122 North Main Street, Suite 202  
Elizabethtown, KY 42702-0761  
(502) 644-3700  
shelt.lewis@gmail.com

STATEMENT OF CONSENT OF REGISTERED AGENT

I, Chris Nichols, DMD, having an address of 1602 Lakewood Dr.  
Elizabethtown, KY 42701, hereby agree and consent to serve as the initial  
registered office and agent for service of process of Osbourne Family Dental, PLLC.

DATE: \_\_\_\_\_

9/26/24



Chris Nichols, DMD