

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Articles of Organization

1412420.06

Fee Receipt: \$40.00

Date

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 12/2/2024 12:33 PM

KLC

Division of Business Filings P.O. Box 718 Frankfort, KY 40602

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Con	npany			
Pursuant to KRS 14A and KRS	275, the undersigned appli	es to qualify and for that pu	urpose submits the fo	llowing statements:	
Article I: The name of the limite CAP Pharmacy LLC	d liability company is:			4	
Article II: The street address of	the limited liability compan	y's initial registered office i	n Kentucky is:		
618 Hatherleigh Lane		Louisville	Kentucky	40222	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the initial regist	tered agent at that office is	Robert Jeffrey Zega		·	
Article III: The mailing address	of the limited liability comp	any's initial principal office	is:		
618 Hatherleigh Lane		Louisville	Kentucky	40222	
Street Address or Post Office Box Nu	ımber	City	State	Zip Code	
Article IV: The limited liability co	ompany is to be managed l	ov (must check one):			
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· · ·	nember(s).				
5. 16.11	10111001(0).				
(Additional articles not inconsisten	. Will all may be stated in the	opado solowo, adamona, pago			
☐ If checked, this is a veteran-or veteran-owners with redactions to not be available for public view a	to remove social security num	bers, dates of birth, and hom	ne addresses. Note: DD	FR	
I/We declare under penalty of po	erjury under the laws of the	e state of Kentucky that the	foregoing is true and	correct.	
lasket the han		Robert Jeffrey Zega		11/8/2024	
Signature of Frganize	The state of the s	rinted Name & Title		Date	
Signature of Organizer	P	rinted Name & Title		Date	
, Robert Jeffrey Zega	. c	onsent to serve as the registered	agent on behalf of the limit	ed liability company.	
Print Name of Registered Agent	, -			o	
Leto the Li	F	Robert Jeffrey Zega	11/8/20	11/8/2024	

Printed Name