

**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**  
**Professional Limited Liability Company**

**PLC**

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 professional limited liability company is

**LEXMED PLLC**

Article II: The name of the initial registered agent is

**Trinity Johnson**

and the street address of the entity's initial registered office in Kentucky is

**307 High Bridge Road, Lancaster, KY 40444**

Article III: The mailing address of the entity's principal office is

**1018 E New Circle Rd Ste 207, Unit C, Lexington, KY 40505**

Article IV: This entity is managed by **Managers**.

Article V: The profession to be practiced through the professional limited liability company is

**nurses**

Article VI: This filing will be effective on **Sunday, November 17, 2024**.

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

Signature of individual signing on behalf of **Organizer: Miranda Hagan**

I, **Trinity Johnson**, consent to serve as the Registered Agent on behalf of this entity on Sunday, November 17, 2024.