

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

PAOI

1399823.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
10/4/2024 12:00:00 AM  
Fee receipt: \$40

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Articles of Incorporation**  
**Professional Service Corporation**

**KPS**

Pursuant to KRS 14A, KRS 271B and KRS 274, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the professional service corporation is

**BLUEGRASS NUTRITIONAL THERAPY P.S.C.**

Article II: The number of shares the corporation is authorized to issue is **100**

Article III: The name of the initial registered agent is

**RACHEL BALLARD**

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

**501 POOR HOUSE ROAD, LANCASTER, KY 40444**

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

**501 POOR HOUSE ROAD, LANCASTER, KY 40444**

Article V: The profession to be practiced through the professional service corporation is

**nurses**

Article VI: The names and street addresses of the original shareholders of the professional service corporation are:

**Shareholder**                      RACHEL BALLARD                      501 POOR HOUSE RD, LANCASTER, KY 40444

Article VII: The name and mailing address of the incorporator is as follows:

**Incorporator**                      RACHEL BALLARD                      501 POOR HOUSE RD, LANCASTER, KY 40444

Article VIII: Each of the incorporators, shareholders, not less than one half (1/2) of the directors and each of the officers other than secretary or treasurer is a qualified person within the meaning of this chapter.

This filing will be effective on **Friday, October 4, 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 **Incorporator: RACHEL BALLARD**

I, **RACHEL BALLARD**, consent to serve as the Registered Agent

on behalf of this entity on Friday, October 4,

PAOI

**1399823.09**

**Michael G. Adams**

**Secretary of State**

Received and Filed

**10/4/2024 12:00:00 AM**

**Fee receipt: \$40**

