

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

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1395025.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/14/2024 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 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

**Hands Of Heart Life Care LLC**

Article II: The name of the initial registered agent is

**Victor Mikebanyi**

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

**11839 Olde Spring Rd, Louisville, KY 40245**

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

**11839 Olde Spring Rd, Louisville, KY 40245**

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

This filing will be effective on **Saturday, September 14, 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: Dan Rugomba**

I, **Victor Mikebanyi**, consent to sign for **Victor Mikebanyi** who serves as the Registered Agent on behalf of this entity on Saturday, September 14, 2024.