

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

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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/7/2024 10:31 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: Proctor 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: 1602 Lakewood Dr. Elizabethtown, KY 42701.

ARTICLE IV

The Limited Liability Company has two 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 Proctor 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.

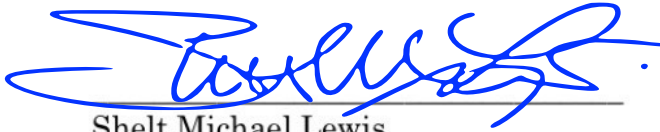
ARTICLE VIII

The profession to be practiced by the company is dentistry.

This 7th day of MAY, 2024.


Chris Nichols, DMD, MEMBER

THIS INSTRUMENT PREPARED BY:



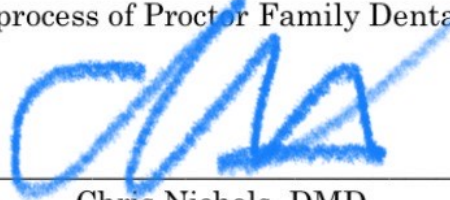
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shelt.lewis@gmail.com

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 Proctor Family Dental, PLLC.

DATE:

5/7/24



Chris Nichols, DMD