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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Michael G. Adams Kentucky Secretary of State Received and Filed: 6/26/2024 3:06 PM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

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Articles of Organization

Professional Limited Liability Company

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: Karem Facial Aesthetics PLLC

Article II: The street address of the professional limited liabi		gistered office in	•	
2709 Razor Ridge Court	Louisville	KY	40299	
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code	
and the name of the initial registered agent at that office is $\frac{c}{2}$	Stacy Karem			

Street Address or Post Office Box Number	City	State	Zip Code
2709 Razor Ridge Court	Louisville	KY	40299
Article III: The mailing address of the professional limited lia	ability company's initial	principal office is:	

Article IV: The professional limited liability company is to be managed by (must check one):

- A. a manager(s).
 - B. its member(s).

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

The practice will offer a range of non-surgical facial rejuvenation services, including neurotoxins and dermal fillers

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

□ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

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

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Signature of Organizer	Printed Name	Date	
Signature of Organizer	Printed Name	Date	
Signature of Organizer	Printed Name	Date	
I, Stacy Karem Print Name of Registered Agent	, consent to serve as the registered agent on behalf of the limited liability company.		
StacyFaren	Stacy Karem	06/26/2024	
Signature of Registered Agent	Printed Name	Date	

FILING INSTRUCTIONS ARTICLES OF ORGANIZATION

NAME

The professional limited liability company name must contain the words "professional limited liability company," "professional limited company," "PLC," or "PLLC." The limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC" or "LC." If you wish to abbreviate "limited company," you must use the abbreviation "LTD CO." A professional limited liability company name must be distinguishable from any name on record with the Office of the Secretary of State.

REGISTERED AGENT AND REGISTERED OFFICE

Each business entity must appoint and continuously maintain a registered agent to receive legal service of process (i.e., a lawsuit), who shall be an individual resident of Kentucky, a Kentucky entity, or a foreign entity authorized to transact business in Kentucky. The registered office address shall be the street address in Kentucky where the registered agent is located.

CONSENT OF REGISTERED AGENT

The registered agent shall give written consent to accept the appointment by signing this document or an attachment. If the registered agent is an entity or foreign entity, a signature of the individual authorized to accept the appointment on behalf of the registered agent is required.

ADDITIONAL ARTICLES OF ORGANIZATION OR NEED TO MODIFY THE EXISTING FORM

Additional space is provided for the inclusion of any additional (non-mandatory) articles. Any additional articles shall be consecutive and begin with Article VI.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State (SOS) where the principal designated office of the business entity is located. This address is where all correspondence from the SOS (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

MANAGEMENT

"Manager (s)" means that the professional limited liability company has set forth in its articles of organization that it is to be managed by managers. "Member(s)" means the person(s) who have been admitted to membership in a professional limited liability company.

PROFESSIONAL SERVICES

Professional services mean the personal services rendered by physicians, osteopaths, optometrists, podiatrists, chiropractors, dentists, nurses, pharmacists, psychologists, occupational therapists, veterinarians, engineers, architects, landscape architects, certified public accountants, public accountants, physical therapist and attorneys.

REGULATING BOARD

The regulating board is the governmental agency that is charged by law with the licensing and regulation of the practice of the profession that the professional limited liability company is organized to provide.

WHO MAY SIGN

The document must be signed by the organizer.

VETERAN

Means any person who served in the United States Armed Forces, Reserves, or National Guard and was separated or released therefrom with an honorable discharge, discharge under honorable conditions, or general discharge under honorable conditions or any person who currently serves in the United States Armed Forces, Reserves, or National Guard.

VETERAN-OWNED BUSINESS

KRS 14A.1-070(45) defines a veteran-owned business as one that is at least 51% unconditionally owned by one or more veterans, or in the case of a publicly-owned business, at least 51% of the stock is owned by one or more veterans. KRS 14A.2-165 states that the fee for this filing is waived if the business is veteran-owned.

NUMBER OF COPIES

When filing online with the One Stop Business Portal system, no copies are required. If filing via mail or in person, one exact or conformed copy of the document with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for Articles of Organization is \$40.00. Your check should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS	OFFICE LOCATION
Michael Adams	Room 152, Capitol Building
Office of the Secretary of State	700 Capital Avenue
P.O. Box 718	Frankfort, KY 40601
Frankfort, KY 40602-0718	Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES: The limited liability company must file an **annual report** with the SOS between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the SOS between

January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the SOS whenever a change has occurred involving any of the above categories.