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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 12/21/2012 8:50 AM

Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organiza Limited Liability Co			KLC	
Pursuant to KRS 14A and KRS 2	I 275, the undersigned applie	es to qualify and for that pur	pose submits the following	owing statements	
Article I: The name of the limited	d liability company is				
Global Medlink, LLC					
Article II: The street address of t	the limited liability company	r's initial registered office in	Kentucky is		
500 Hickory Drive	Morehead	Kentucky	40351		
Street Address Only (No Post Office B	Box Numbers)	City	State	Zip Code	
and the name of the initial registe	ered agent at that office is _	Enawgaw Mehari			
Article III: The mailing address of	of the limited liability compa			40054	
500 Hickory Drive Street Address or Post Office Box Nui		Morehead city	Kentucky State	$\frac{40351}{\text{Zip Code}}$	
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be managed b	y (must check one):			
Article V: This application will be	e effective upon filing, unles	ss a delayed effective date a	and/or time is provide	ed. The effective	
date or the delayed effective date	e cannot be prior to the dat	e the application is filed. The	he date and/or time is	(Delayed effective date and/or time)	
I/We declare under penalty of pe	erjury under the laws of the	state of Kentucky that the f	oregoing is true and o	correct.	
Enguaga Mehari		Enawgaw Mehari, C	Owner 1	12/20/2012	
Signature of Organizer	Pr	inted Name & Title	D	ate	
Signature of Organizer	Pr	inted Name & Title		ate	
Enawgaw Mehari Print Name of Registered Agent	, col	nsent to serve as the registered ag	gent on behalf of the limite	d liability company.	
		nawgaw Mehari	12/20/2	12/20/2012	
Signature of Registered Agent Print		inted Name	Date		