

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

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

**BLUEGRASS MEDICAL CERTIFICATIONS LLC**

Article II: The name of the initial registered agent is

**Oliver Olson**

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

**350 Evergreen Road, Suite 109, Louisville, KY 40243**

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

**350 Evergreen Road, Suite 109, Louisville, KY 40243**

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

This filing will be effective on **Wednesday, December 4, 2024**.

This business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165.

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: Oliver Olson**

I, **Oliver Olson**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, December 4, 2024.