

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

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Michael G. Adams
Secretary of State
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Michael G. Adams
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

TPS DIGITAL DENTAL LAB LLC

Article II: The name of the initial registered agent is

John William Lee

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

3044 Breckenridge Lane Suite 202, Louisville, KY 40220

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

3044 Breckenridge Lane Suite 202 KY, Louisville, KY 40220

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

This filing will be effective on **Thursday, February 13, 2025**.

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: John William Lee**

I, **John William Lee**, consent to serve as the Registered Agent on behalf of this entity on Thursday, February 13, 2025.