



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
 Kentucky Secretary of State
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Division of Business Filings
 Business Filings
 PO Box 718, Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

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

KENTUCKY ORTHODONTICS PROPERTIES, L.L.C.

Article II: The street address of the limited liability company's initial registered office in Kentucky is

860 CORPORATE DRIVE, SUITE 201, LEXINGTON KENTUCKY 40503
 Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is DR. DOUGLAS D. DURBIN

Article III: The mailing address of the limited liability company's initial principal office is

860 CORPORATE DRIVE, SUITE 201 LEXINGTON KENTUCKY 40503
 Street Address or Post Office Box Number City State Zip Code

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

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

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.

Please indicate the county in which your business operates:
 County: FAYETTE

To complete the following, please shade the box completely.

Please indicate the size of your business:
☒ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:
☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture ☐ Mining ☐ Services ☐ Construction
☐ Wholesale Trade ☐ Retail Trade ☐ Manufacturing ☒ Finance, Insurance, Real Estate
☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services
☐ Other

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

Signature of Organizer

DR. DOUGLAS D. DURBIN
 Printed Name & Title

7-1-18
 Date

Signature of Organizer

Printed Name & Title

Date

I, DR. DOUGLAS D. DURBIN
 Print Name of Registered Agent

consent to serve as the registered agent on behalf of the limited liability company.

DR. DOUGLAS D. DURBIN
 Printed Name

7-1-18
 Date

Signature of Registered Agent