

**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**  
**Professional Limited Liability Company**

**PLC**

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

**TRANSITION ASSIST HOMECARE PLLC**

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

**1529 glenrock road, Louisville, KY 40216**

and the name of the initial registered agent at that office is **Orfire Denise Travis**.

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

**1529 glenrock road, Louisville, KY 40216**

Article IV: The professional limited liability company is to be managed by **Members**.

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

**nurses**

Article VI: This application will be effective on **Thursday, April 18, 2024**.

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

Organizer: **Damoreon Travis**

I, **Orfire Denise Travis**, consent to serve as the Registered Agent on behalf of this professional limited liability company.