



COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

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Elaine N. Walker, Secretary of State
Received and Filed:
3/2/2011 8:04 AM
Fee Receipt: \$40.00

Division of Corporations
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

AMERICAN LEGAL NURSE SERVICES LLC

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

811 South Second STREET Louisville KY 40203
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Christopher GRAVES

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

811 South Second Street Louisville KY 40203
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 _____
(Delayed effective date and/or time)

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

Christopher Graves Christopher GRAVES 3/1/11
Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, Christopher Graves, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Christopher Graves Christopher Graves 3/1/11
Signature of Registered Agent Printed Name Date