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

1375140.06 Michael G. Adams Secretary of State Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Articles of Organization Non-profit Limited Liability Company

**NLC** 

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**Please Note:** This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Organization.

Pursuant to KRS 14A and KRS 275, the undersigned hereby forms a nonprofit limited liability company and for that purpose sets forth the following:

Article I: The name of the nonprofit limited liability company is

## **CARE FREQUENCY NON-PROFIT LLC**

Article II: The name of the initial registered agent is

## **Bobby D Mcdaniel**

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

1819 Harbor Dr, Oak Grove, KY 42262

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

1819 Harbor Dr, Oak Grove, KY 42262

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

Article V: The purpose of the nonprofit limited liability company is **This corporation is organized** exclusively for charitable, religious, and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue

This application will be effective on Friday, June 28, 2024.

This is a nonprofit business which is at least fifty-one percent (51%) unconditionally managed by one (1) or more veterans.

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: Bobby Mcdaniel** 

I, **Bobby D McdanieI**, consent to serve as the Registered Agent on behalf of this entity on Friday, June 28, 2024.