

**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

HELPING HANDS HEALTHCARE SERVICES LLC

Article II: The name of the initial registered agent is

Ngowo Mba Christel Adodoma

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

1017 merrick drive, Lexington, KY 40502

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

1017 merrick drive, Lexington, KY 40502

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

This filing will be effective on **Saturday, October 19, 2024**.

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: Ngowo Mba Christel Adodoma**

I, **Ngowo Mba Christel Adodoma**, consent to serve as the Registered Agent on behalf of this entity on Saturday, October 19, 2024.