



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
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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
Jacobs WellCare Management

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

<u>2900 West Broadway, Suite 310</u>	<u>Louisville</u>	<u>KY</u>	<u>40211</u>
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Lisa Ann Jacobs

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

<u>2900 West Broadway, Suite 310</u>	<u>Louisville</u>	<u>KY</u>	<u>40211</u>
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 02/17/2014
(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.

<u><i>Lisa Ann Jacobs</i></u>	<u>Lisa Ann Jacobs, Owner</u>	<u>02/14/2014</u>
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
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I, Lisa Ann Jacobs, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

<u><i>Lisa Ann Jacobs</i></u>	<u>Lisa Ann Jacobs</u>	<u>02/14/2014</u>
Signature of Registered Agent	Printed Name	Date