1380751.06 Michael G. Adams

Kentucky Secretary of State Received and Filed: 7/23/2024 10:55 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business	s Filings
P.O. Box 718	
Frankfort, KY 40602	
(502) 564-3490	
www.sos.ky.gov	

Articles of Organization Limited Liability Company KLC

42240

mmoore ADD

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:

Heritage Holistic LLC

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Article II: The street address of the limited liability com	pany's initial registered offic	e in Kentucky is:	
828 Lane Allen Rd., Suite 219	Lexington	KY	40504
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office	e is Capitol Corporate Ser	rvices, Inc.	•

Article III: The mailing address of the limited liability company's initial principal office is: 1639 WINDWOOD CT HOPKINSVILLE KY

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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).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

The purpose of the Company is to engage in any lawful act or activity for LLC may be organized under Kentucky Law. The Company will not engage in any act or activity requiring the consent or approval of any state official,

department, board, agency, or other body without such consent or approval first being obtained.

□ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

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

harsh k patel	Harsh K Patel, Manager	07/06/24
Signature of Organizer Dhermendra fatal Signature of Organizer	Printed Name & Title Dharmendra Patel	Date <u>7//0/24</u> Date
Signature of Organizer	Printed Name & Title	Date
I, Capitol Corporate Services, Inc.	, consent to serve as the registered agent on be	half of the limited liability company.
Print Name of Registered Agent		
1 1 Har Dave		
Leighthmam	Leigh Johnson, Asst. Secretary	7/22/2024

(04/24)