

**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**  
**Professional Limited Liability Company**

**PLC**

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 professional limited liability company is

**NEUROSPARK THERAPIES PLLC**

Article II: The name of the initial registered agent is

**Emily Magan Hammons**

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

**105 Haywood cove, Lexington, KY 40511**

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

**2387 Professional Heights Dri Suite 15, Lexington, KY 40503**

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

Article V: The profession to be practiced through the professional limited liability company is

**occupational therapists**

Article VI: This filing will be effective on **Wednesday, January 1, 2025**.

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: Emily Hammons**

I, **Emily Magan Hammons**, consent to serve as the Registered Agent on behalf of this entity on Monday, December 9, 2024.