

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

LAOO  
1441751.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
3/26/2025 12:00:00 AM  
Fee receipt: \$40

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  
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

**CURA HEALTHCARE SUPPLIES LLC**

Article II: The name of the initial registered agent is

**Kentucky Registered Agent LLC**

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

**212 N. 2nd Street, STE 100, Richmond, KY 40475**

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

**6844 BARDSTOWN RD STE 5870, LOUISVILLE, KY 40291**

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

This filing will be effective on **Wednesday, March 26, 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:**  
**MUHAMMAD NUMEEZ MALA**

I, **Adam J**, consent to sign for **Kentucky Registered Agent LLC** who serves as the Registered Agent on behalf of this entity on Wednesday, March 26, 2025.