

**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

LEXTHERAPY LLC

Article II: The name of the initial registered agent is

Corree Anness

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

3578 Briarpatch Way, Lexington, KY 40509

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

LexTherapy 3578 Briarpatch Way, Lexington, KY 40509

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

This filing will be effective on **Thursday, April 10, 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: Corree Anness**

I, **Corree Anness**, consent to serve as the Registered Agent on behalf of this entity on Thursday, April 10, 2025.