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COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
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Divis  
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cles 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:

KY Pharmacy L.L.C.

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

5026 S 3rd St

Louisville

KY

40214

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is

Vy Truong

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

5026 S 3rd St

Louisville

KY

40214

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.



If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

Signature of Organizer

Vy Truong, Owner

3/7/24

Signature of Organizer

Printed Name & Title

Date

Print Name of Registered Agent

Vy Truong consent to serve as the registered agent on behalf of the limited liability company.

Signature of Registered Agent

Vy Truong

3/7/24