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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/14/2013 8:05 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STA

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490

Articles of Organization

Professional Limited Liability Company

PLC

(502) 564-3490 www.sos.ky.gov		
Pursuant to KRS 14A and KRS 275, the	e undersigned applies to qualify and for that pu	rpose submits the following statements
Article I: The name of the professional	limited liability company is gency Medical Service	e PLLC
	,	•
	fessional limited liability company's initial regis	•
3118 KY 198	Middleburg	
Street Address Only (No Post Office Box Num	gent at that office is Chery Re	State Zip Code
and the name of the initial registered at	gent at that office is	ingers.
Article III: The mailing address of the p	rofessional limited liability company's initial pri	ncipal office is
3118 KY 198	Middleburg	
Street Address or Post Office Box Number	City	State Zip Code
Article IV: The professional limited liab	ility company is to be managed by (must check	cone):
A. a manager(s).	X B. its member(s).	
Article V: The profession to be practice	ed through the professional limited liability comp	pany:
	Medicine	
	ive upon filing, unless a delayed effective date of the prior to the date the application is filed. T	he date and/or time is (Delayed effective
I/We declare under penalty of perjury u	pder the laws of the state of Kentucky that the	date and/or time) foregoing is true and correct.
Care Worl	Gregory Rodge	1/11/13
Signature of Organizer	Printed Name	Date /
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Cheryl Rodgers	consent to serve as the registered a	gent on behalf of the limited liability company.
Print Name of Registered Agent) Olas I Pad	gent on behalf of the limited liability company.
Signature of Registered Agent	Printed Name/	Date ////