

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

Michael G. Adams
Secretary of State
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**Articles of Organization
Limited Liability Company**

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Michael G. Adams
Secretary of State
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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

KENTUCKY WOUND CONNECT LLC

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

4390 Clearwater Way Apt 2609, Lexington, KY 40515

and the name of the initial registered agent at that office is **Anne Hickman**.

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

4390 Clearwater Way Apt 2609, Lexington, KY 40515

Article IV: The limited liability company is to be managed by **Members**.

Article V: This application will be effective on **Thursday, May 9, 2024**.

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

Organizer: **Anne Hickman**

I, **Anne Hickman**, consent to serve as the Registered Agent on behalf of this limited liability company.