

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

Articles of Organization

Professional Limited Liability Company

PLC

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Troicesional Elimica Elability Company	
Pursuant to KRS 14A and KRS 2	ı 275, the undersigned applies to qualify and for that pur	rpose submits the following statements
Article I: The name of the profes	ssional limited liability company is	
DANVILLE DU	& SUBSTANCE ABUSE PR	20GRAM, LLC
Article II: The street address of	the professional limited liability company's initial regist	ered office in Kentucky is
319 WEST M Street Address Only (No Post Office E	AN ST, DANVILLE , City	State Zip Code
and the name of the initial registe	ered agent at that office is	
Article III: The mailing address of	of the professional limited liability company's initial prin	cipal office is
1049 H16H PC Street Address or Post Office Box Nur	DIDT DR, NICHOLASULL City	State 4 40356.
Article IV: The professional limit	ed liability company is to be managed by (must check	one):
A. a manager(s).	B. its member(s).	
Article V: The profession to be p	practiced through the professional limited liability comp	any:
SUBSTANCE A	BUSE EDUCATION & TR	EATMENT
	e effective upon filing, unless a delayed effective date are cannot be prior to the date the application is filed. The	
I/We declare under penalty of pe	erjury under the laws of the state of Kentucky that the f	date and/or time)
Man Licks	MARY HICKS	5/28/13
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
, MARY HICKS	, consent to serve as the registered aç	gent on behalf of the limited liability company.
Print Name of Registered Agent	MARY HICKS	5/28/13
Signature of Registered Agent	Printed Name	Date