COMMONWEALTH OF KENTUCKY

LAOO Michael G. Adams Kentucky Secretary of State Received and Filed: 10/19/2021 10:47 AM Fee Receipt: \$40.00

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

MICHAEL G. ADAMS, SECRETARY OF STATE

Articles of Organization

Professional Limited Liability Company

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 professional limited liability company is:

Volunteer Gas, PLLC

9900 Corporate Campus Drive, Suite 3000	Louisville	KY	40223
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that office	e is United States Corpor	ation Agents, Inc	c.

887 Borderlands DriveErlangerKY41018Street Address or Post Office Box NumberCityStateZip Code

Article IV: The professional limited liability company is to be managed by (must check one):

A. a manager(s).

B. its member(s).

Article V: The profession to be practiced through the professional limited liability company:

Healthcare Practice, provided by a licensed Advanced Practice Registered Nurse.

Article VI: This application will be effective upon filing.

Article VII: _____ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

		10/101
Signature of Organizer	Printed Name	Date / /
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
I, United States Corporation Agents, Inc. Print Name of Registered Agent	, consent to serve as the registered agent on behalf of the limited liability company. Cheyenne Moseley, Assistant Secretary, United States Corporation Agents, Inc. 10/15/2021	
Signature of Registered Agent	United States Corporation Agents, Inc. Printed Name	Date



PLC

dwilliams