

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

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Michael G. Adams
Secretary of State
Received and Filed
10/22/2024 12:00:00 AM
Fee receipt: \$40

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

PLC

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

HYDE FAMILY DENTISTRY PLC

Article II: The name of the initial registered agent is

Darra Hyde

and the street address of the entity's initial registered office in Kentucky is

200 Shelbi Dr, Guston, KY 40142

Article III: The mailing address of the entity's principal office is

1120 High St., Brandenburg, KY 40108

Article IV: This entity is managed by **Managers**.

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

dentists

Article VI: This filing will be effective on **Tuesday, October 22, 2024**.

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

Signature of individual signing on behalf of **Organizer: Darra Hyde**

I, **Darra Hyde**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, October 22, 2024.