



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/24/2024 10:45 AM
Fee Receipt: \$40.00

Division of Business Filings
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Frankfort, KY 40602
(502) 564-3490
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Articles of Organization
Limited Liability Company

KLC

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:

Owensboro Green Medical LLC

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

1700 Ford Avenue	Owensboro	KY	42301
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Madison Burris

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

1014 East 4th St	Owensboro	KY	42303
Street Address or Post Office Box Number	City	State	Zip Code

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

- ☒ A. a manager(s).
☐ B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

The purpose of the LLC is to engage in any lawful act or activity for LLC may be organized under the laws of Kentucky.

The LLC will not engage in any act or activity requiring the consent or approval of any state official,

department, board, agency, or other body without such consent or approval first being obtained.

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

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

	Madison Burris, Manager	07/19/24
Signature of Organizer	Printed Name & Title	Date
	Megan Beeler, Manager	07/19/24
Signature of Organizer	Printed Name & Title	Date

I, Madison Burris, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

	Madison Burris	07/19/24
Signature of Registered Agent	Printed Name	Date