

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/4/2021 10:29 AM Fee Receipt: \$40.00

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

Articles of OrganizationProfessional Limited Liability Company

PLC

www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the undersigned	applies to qualify and for that	purpose submits t	ne following statements
Article I: The name of the professional limited liability	y company is:		
Tri Point Veterinary Clinic, PLLC			
Article II: The street address of the professional limit	red liability company's initial red	nistered office in K	entucky is:
1520 Bloomin Spring Ct	Hebron	KY	41048
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that of	fice is Jason A. Burcham	·	
Article III: The mailing address of the professional lin		orincipal office is:	
1520 Bloomin Spring Ct	Hebron	, KY	41048
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The professional limited liability company	is to be managed by (must che	eck one):	
A. a manager(s).			
B. its member(s).			
Article V: The profession to be practiced through the	•	mpany:	
Verterinary Medical Practice, provided by a licen	ised veterinarian.		
Article VI: This application will be effective upon filing	.		
Article VII: If checked, this business is veteran instructions).	-owned as defined by KRS 14/	4.2-070(45) and 14	1A.2-165 (see
I/We/declare under penalty of perjury under the laws	of the state of Kentucky that th	ne foregoing is true	and correct. /
And ASC	Jason A. Burcham		10/22/21
Signature of Organizer	Printed Name	Date	
Signature of Organizer	Printed Name	Date	
Signature of Organizer	Printed Name	Date	
, Jason A. Burcham	, consent to serve as the registere	d agent on behalf of the	e limited liability company.
Print Name of Registered Agent	Jason A. Burcham		10/22/21
Signature of Registered Agent	Printed Name	Date	- 10 - 1 - 01