



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings

PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

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 statement:

Article I: The name of the limited liability company is

Summit Mental Wellness and Counseling

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

630 Village Square Drive Suite 202 Paducah KY 42001

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

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

Kimberly Wenz Sherrill

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

630 Village Square Drive Suite 202 Paducah KY 42001

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).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is **10/22/2014**

(Delayed effective date and/or time)

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

Kimberly Wenz Sherrill
Signature of Organizer

Kimberly Wenz Sherrill
Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

Kimberly Wenz Sherrill
Print Name of Registered Agent

Kimberly Wenz Sherrill
Signature of Registered Agent

Kimberly Wenz Sherrill
Printed Name

10/22/2014
Date

consent to serve as the registered agent on behalf of the limited liability company.