

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed:

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Division of Business Filing P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	js	Articles of Incorporation Professional Service Corpo	KPS		
Pursuant to KRS 14A, KRS 27	1B and KF	RS 274, the undersigned applies to qualify and	for that purpose sub	mits the following state	ments:
Article I: The name of the corp	oration is_	KOMSA Holding, P.S.C.			
Article II: The number of share	es the corp	oration is authorized to issue is 1000			
		of the corporation's initial registered agent an	d office in Kentucky is	3	
FMD-ASP, LLC		Fifth Street, 27th Floor	Louisville	KY	40202
		dress (No Post Office Box Numbers)	City	State	Zip Code
Article IV: The mailing address	s of the co	rporation's principal office is			
2800 Cannons Ln Suite	F	Louisville	KY	40205	
Street Address or Post Offic		nber	City	State	Zip Code
Article V: The profession to be	nracticed	through the professional service corporation	•	ery, and any and all things neces	•
					*
		es of the original shareholders of the professi	•	KY	40205
Nathan Walters, DMD Name	Street Add		Louisville City	State	Zip Code
Christopher Noonan, DMD, MD			Louisville	KY	40205
	Street Add		City	State	Zip Code
Geoffrey Mills, DMD, MD			Louisville	KY	40205
	Street Add		City	State	Zip Code
Jamie Warren, DMD, MD			Louisville	KY	40205
		dress or Post Office Box Number	City	State	Zip Code
Article VII: The name and stree	et address	of the incorporator is as follows:	•		·
Jamie Warren		annons Ln Suite 200	Lou	isville KY	40205
		ress or Post Office Box Number	City	State	Zip Code
qualified person within the me	eaning of th	nareholders, not less than one half (1/2) of the his chapter. h law may be stated in the space below or			·
veteran-owners with redance not be available for public	actions to c view an	ned business as defined by KRS 14A.1-0 remove social security numbers, dates d will be destroyed after verification by	of birth, and home the Secretary of S	e addresses. Note: Di tate).	
I/We declare under penalty of	perjury und	ler the laws of the state of Kentucky that the f			
// Val		Jamie Warren, DMD, MD		rporator	8/22/2024
Signature of Incorporator I, FMD-ASP, LLC Print Name of Registered of	Agent	Printed Name, consent to serv	Title e as the registered a	gent on behalf of the co	Date rporation.
MINA	*-	Mike Dalton	Aut	horized Signatory	8/22/2024
Signature of Registered Age	nt	Printed Name	Title		Date