

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

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Michael G. Adams
Secretary of State
Received and Filed
10/23/2024 12:00:00 AM
Fee receipt: \$40

Michael G. Adams
Secretary of State
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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

CARING HANDS KY LLC

Article II: The name of the initial registered agent is

C SHATA HATCHER

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

7101 turfway rd unit 162, Florence, KY 41042

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

550 RIPPLE CREEK DR, ERLANGER, KY 41018

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

This filing will be effective on **Wednesday, October 23, 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: C SHATA HATCHER**

I, **C SHATA HATCHER**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, October 23, 2024.