



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 statements:

Article I: The name of the limited liability company is

Engram Therapy Services, LLC

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

2045 Gainesville Court Lexington KY 40505

Street Address Only (No Post Office Box Numbers) City State Zip Code

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

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

2045 Gainesville Court Lexington KY 40505

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):

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A. a manager(s).

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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 03/20/2014

(Delayed effective date and/or time)

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

Signature of Organizer Terri Engram, MA, CCC-SLP 03/20/2014  
Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, Terri Engram, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent  
Signature of Registered Agent Terri Engram 03/20/2014  
Printed Name Date