Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Articles of Organization Limited Liability Company

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

## **DinoSnores Newborn Care LLC**

Article II: The name of the initial registered agent is

Jessica Williams

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

2009 Spring Station Dr, Lexington, KY 40505

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

2009 Spring Station Dr, Lexington, KY 40505

Article IV: This entity is managed by Members.

This application will be effective on Friday, May 31, 2024.

l 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: Jessica Williams** 

l, **Jessica Williams**, consent to sign for **Jessica Williams** who serves as the Registered Agent on behalf of this entity on Friday, May 31, 2024.

LAOO

Secretary of State Received and Filed 5/31/2024 12:00:00 AM Fee receipt: \$40

KLC

1368771.06 Michael G. Adams