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LAOOAlison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/4/2012 3:47 PM
Fee Receipt: \$40.00**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.govArticles 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
EquiZone Hydrotherapy, LLC.

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

2430 Taylorsville Road**Shelbyville****KY****40065**

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **Heather Palmer Pedigo**

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

PO Box 620**Simpsonville****KY****40067**

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 **10/4/2012**
(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.

Heather Palmer Pedigo**10/4/12**

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

I, **Heather Palmer Pedigo**

Print Name of Registered Agent

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

Heather Palmer Pedigo**10/4/2012**

Printed Name

Date

(01/12)