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

CBF Health Care of Kentucky, LLC

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

7321 New Lagrange Road, Suite 228	Louisville	KY	40222
Street Address Only (No Post Office Box Numbers)	**City**	**State**	**Zip Code**

and the name of the initial registered agent at that office is Dennis Roberts

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

1835 Miami Gardens Drive, Suite 167	North Miami Beach	FL	33179
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 _____ **(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	Louise Jeroslow, attorney **Printed Name & Title**	September 26, 2014 **Date**
Signature of Organizer	**Printed Name & Title**	**Date**

I, Dennis Roberts, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Signature of Registered Agent	Dennis Roberts **Printed Name**	September 26, 2014 **Date**

(01/12)