



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
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Frankfort, KY 40602
(502) 564-3490
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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:

Cumberland Manor Rest Home I, LLC

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

| | | | |
|--|-----------|----------|----------|
| 421 W Main Street | Frankfort | Kentucky | 40601 |
| Street Address Only (No Post Office Box Numbers) | City | State | Zip Code |

and the name of the initial registered agent at that office is UCS of Kentucky, Inc.

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

| | | | |
|--|------------|----------|----------|
| 445 Central Avenue Unit 215 | Cedarhurst | New York | 11516 |
| 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):

| |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/> |

A. a manager(s).

B. its member(s).

Article V: This application will be effective upon filing.

☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

| | | |
|------------------------|-------------------------|-----------|
| /s/ Raquel Edery | Raquel Edery, Organizer | 3/10/2023 |
| Signature of Organizer | Printed Name & Title | Date |

| | | |
|------------------------|----------------------|------|
| Signature of Organizer | Printed Name & Title | Date |
|------------------------|----------------------|------|

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

| | | |
|---|-----------------------|-----------|
| /s/Michael A Barr, President of UCS Of Kentucky, Inc. | UCS of Kentucky, Inc. | 3/10/2023 |
| Signature of Registered Agent | Printed Name | Date |