

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

LA00  
1411278.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
11/24/2024 12:00:00 AM  
Fee receipt: \$40

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**  
**Professional Limited Liability Company**

**PLC**

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 professional limited liability company is

**KY BLUEGRASS MEDCARDS PROVIDER PLLC**

Article II: The name of the initial registered agent is

**TIA BRAXTON**

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

**6540 OUTERLOOP STE 6A, LOUISVILLE, KY 40228**

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

**6540 Outerloop STE 6A, LOUISVILLE, KY 40228**

Article IV: This entity is managed by **Managers**.

Article V: The profession to be practiced through the professional limited liability company is

**nurses**

Article VI: This filing will be effective on **Sunday, November 24, 2024**.

I 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: Tia Braxton**

I, **TIA BRAXTON**, consent to serve as the Registered Agent on behalf of this entity on Sunday, November 24, 2024.