

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

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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

LOUISVILLE FAMILY ACUPUNCTURE LLC

Article II: The name of the initial registered agent is

Holly Macias

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

1202 Schiller Ave, Louisville, KY 40204

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

4156 Westport Rd # 103, Saint Matthews, KY 40207

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

This filing will be effective on **Thursday, January 23, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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: Holly Macias**

I, **Holly Macias**, consent to sign for **Holly Macias** who serves as the Registered Agent on behalf of this entity on Thursday, January 23, 2025.