

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

1228582  
Michael G. Adams  
KY Secretary of State  
Received and Filed

8/29/2022 3:26:55 PM

Fee receipt: \$50.00

PAOI

Michael G. Adams  
Secretary of State  
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**Articles of Incorporation**  
**Profit Corporation**

**PAI**

Pursuant to KRS 14A and KRS 271B, the undersigned applied to qualify and for that purpose submits the following statements:

**Article I:** The name of the corporation is

**A PATTERN MEDICAL CLINIC INC.**

**Article II:** The number of shares the corporation is authorized to issue is **2**

**Article III:** The name of the registered agent is

**Julie-Ann Grant**

and the street address of the corporation's initial registered office in Kentucky is **1680 Campbell Lane STE 109, Bowling Green, KY 42104**

**Article IV:** The mailing address of the corporation's initial principal office is

**1680 Campbell Lane , Bowling Green , KY 42104**

**Article V:** The name and street address of the incorporator is as follows:

**Julie-Ann Grant 1295 Walsotn St, Dalton, GA 30720**

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

**Julie-Ann Grant**

**CFO**

8/29/2022

I, **Julie-Ann Grant** , consent to serve as the Registered Agent on behalf of the corporation.

**Julie-Ann Grant**

**CFO**

8/29/2022