

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

Michael G. Adams
Secretary of State
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**Articles of Organization
Limited Liability Company**

KLC

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Michael G. Adams
Secretary of State
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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

Therapeutic Touch by Tonya LLC

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

1145 Short Rd, Almo, KY 42020

and the name of the initial registered agent at that office is **Tonya Garland**.

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

300 S 8th St Ste B, Murray, KY 42071

Article IV: The limited liability company is to be managed by **Members**.

Article V: This application will be effective on **Friday, May 3, 2024**.

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

Organizer: **Tonya Garland**

I, **Tonya Garland**, consent to sign for **Tonya Garland** who serves as the **Registered Agent** on behalf of this limited liability company.