

**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

Gentle Hands Veterinary Hospice LLC

Article II: The name of the initial registered agent is

NORTHWEST REGISTERED AGENT LLC

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

212 N. 2nd Street, STE 100, Richmond, KY 40475

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

356 Olive Branch Road, Shelbyville, KY 40065

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

This filing will be effective on **Thursday, February 20, 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: Sheena Bowen Odenweller**

I, **Sheena Bowen Odenweller**, consent to sign for **NORTHWEST REGISTERED AGENT LLC** who serves as the Registered Agent on behalf of this entity on Thursday, February 20, 2025.