COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

LAOO Michael G. Adams Kentucky Secretary of State Received and Filed: 2/9/2023 8:29 AM Fee Receipt: \$40.00

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Articles of Organization

Professional Limited Liability Company

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:

Rumage Counseling, PLLC

3324 Comanche Place	Owensboro	KY	42301
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that offi	_{ce is} _Diana L Rumage		·

3324 Comanche Pl	Owensboro	KY	42301
Street Address or Post Office Box Number	City	State	Zip Code

Article IV: The professional limited liability company is to be managed by (must check one):

A. a manager(s).

B. its member(s).

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

Mental Health and Substance Abuse counseling provided by a Licensed Professional Counselor and Clinical Alcohol and Drug Counselor

Article VI: This application will be effective upon filing.

Article VII: _____ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

- RUA	Diana Lynn Rumage	<u>a/2/23</u>		
Signature of Organizer	Printed Name	Date		
Signature of Organizer	Printed Name	Date		
Signature of Organizer	Printed Name	Date		
I, United States Corporation Agents, Inc.	, consent to serve as the registered agent on behalf of the limited liability company.			
Print Name of Registered Agent	Cheyenne Moseley, Assistant Secretary, United States Corporation Agents, Inc. 2/8/2023			
Signature of Registered Agent	Printed Name	Date		



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