

**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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1448389.06
Michael G. Adams
Secretary of State
Received and Filed
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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

DENTAL SLEEP APNEA SOLUTIONS 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

6400 New Dutchmans Pkwy, Unit 135, Louisville, KY 40205

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

This filing will be effective on **Friday, April 18, 2025**.

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: CHRIS RHODE**

I, **Taylor Newman - Assistant Secretary**, consent to sign for **Northwest Registered Agent LLC** who serves as the Registered Agent on behalf of this entity on Friday, April 18, 2025.