

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
Professional Limited Liability Company

PLC

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

MOBILE WOUND CARE PLLC

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

1741 Fox Creek Rd, Lexington, KY 40342

and the name of the initial registered agent at that office is **Tamra Langley**.

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

1741 Fox Creek Rd, Lexington, KY 40342

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

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

nurses

Article VI: 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: **Tamra Langley**

I, **Tamra Langley**, consent to serve as the Registered Agent on behalf of this professional limited liability company.