

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

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1381693.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
7/25/2024 12:00:00 AM  
Fee receipt: \$0

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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

**KARING HANDS WELLNESS CENTER LLC**

Article II: The name of the initial registered agent is

**Karing Hands Wellness Center, LLC**

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

**1194-C Old Ekron Road, Brandenburg, KY 40108**

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

**1194-C Old Ekron Road, Brandenburg, KY 40108**

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

This application will be effective on **Thursday, July 25, 2024**.

This business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165.

We 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: Karen Matti**

Signature of individual signing on behalf of **Organizer: Nikki Butler**

I, **Karen Matti**, consent to sign for **Karing Hands Wellness Center, LLC** who serves as the Registered Agent on behalf of this entity on Thursday, July 25, 2024.