



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes
Kentucky Secretary of State
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Division of Business Filings
Business Filings
PO Box 718, Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

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
Clear Ears, PLLC

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

Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
9414 Norton Commons Boulevard, Number 201	Prospect	Kentucky	40059

and the name of the initial registered agent at that office is Kellie Sheehy

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

Street Address or Post Office Box Number	City	State	Zip Code
9414 Norton Commons Boulevard, Number 201	Prospect	Kentucky	40059

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:
Nursing services

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.

Please indicate the county in which your business operates: County: <u>Jefferson County</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

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

<u>Kellie Sheehy</u> Signature of Organizer	Kellie Sheehy Printed Name	<u>3-2-18</u> Date
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Signature of Organizer	Printed Name	Date
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Signature of Organizer	Printed Name	Date
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I, Kellie Sheehy, consent to serve as the registered agent on behalf of the limited liability company.

<u>Kellie Sheehy</u> Signature of Registered Agent	Kellie Sheehy Printed Name	<u>3-2-18</u> Date
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