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Alison Lundergan Grimes
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Company	KLC
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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
Martin County Rural Health Clinic, PLLC

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

1391 Main St	Inez	KY	41224
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is **Antoin Hana**

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

PO BOX 697	Prestonsburg	KY	41653
Street Address or Post Office Box Number	City	State	Zip Code

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

- A. a manager(s).
- B. its member(s).

Article V: 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 **03/17/2014**
(Delayed effective date and/or time)

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

	Antoin Hana	03/11/2014
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
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I, **Antoin Hana**, consent to serve as the registered agent on behalf of the limited liability company.

	Antoin Hana	03/11/2014
Signature of Registered Agent	Printed Name	Date

