



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. 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:
William Feltner DMD PLLC

Article II: The street address of the professional limited liability company's initial registered office in Kentucky is:
2911 S Hwy 27 Somerset KY 42501

Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Dr. William Feltner

Article III: The mailing address of the professional limited liability company's initial principal office is:
2911 S Hwy 27 Somerset KY 42501

Street Address or Post Office Box Number City State Zip Code

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:
Dentistry

Article VI: This application will be effective upon filing.

Article VII: If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

William Feltner, DMD Dr. William Feltner 2/7/2024
Signature of Organizer Printed Name Date

Signature of Organizer Printed Name Date

Signature of Organizer Printed Name Date

I, Dr. William Feltner, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

William Feltner, DMD Dr. William Feltner 2/7/2024
Signature of Registered Agent Printed Name Date