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

LAOO 1380596.06 Michael G. Adams Secretary of State Received and Filed 7/22/2024 12:00:00 AM Fee receipt: \$40

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

## **FAITHFUL HANDS HOME CARE LLC**

Article II: The name of the initial registered agent is

## **Leann Thompson**

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

2783 KY Route 40 E, Paintsville, KY 41240

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

2783 KY Route 40 E, Paintsville, KY 41240

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

This application will be effective on Monday, July 22, 2024.

I 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: Leann Thompson** 

l, **Leann Thompson**, consent to serve as the Registered Agent on behalf of this entity on Monday, July 22, 2024.