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**Michael G. Adams**  
**Kentucky Secretary of State**  
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**ARTICLES OF ORGANIZATION  
OF  
CHADWICK AND NICHOLS, PLLC**

**KNOW ALL MEN BY THESE PRESENTS:**

The undersigned hereby forms and organizes a professional service limited liability company pursuant to the Kentucky Limited Liability Company Act and adopts the following Articles of Organization for such Limited Liability Company.

**ARTICLE I**

The name of the Limited Liability Company is: Chadwick and Nichols, PLLC.

**ARTICLE II**

The name and street address of the registered agent is Chris Nichols, DMD, 1602 Lakewood Dr. Elizabethtown, KY.

**ARTICLE III**

The mailing address of the initial principal place of business of the Limited Liability Company is: 1602 Lakewood Dr. Elizabethtown, KY 42701.

**ARTICLE IV**

The Limited Liability Company has two initial members.

**ARTICLE V**

The management of the Limited Liability Company is reserved to the member or members, as the case may be, in accordance with the operating agreement of the Limited Liability Company.

**ARTICLE VI**

Unless earlier dissolved in accord with the Kentucky Limited Liability Company Act and the operating agreement of the limited liability company, the company will dissolve upon the happening of any one or more of the following events in accordance with the operating agreement of Chadwick and Nichols, PLLC: the bankruptcy, death, withdrawal, removal, or wrongful withdrawal of any member.

**ARTICLE VII**

Except as otherwise provided by Kentucky law, no member, manager, agent or employee of the limited liability company shall be personally liable for the debts, obligations, or liabilities of the limited liability company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, agent or employee of the limited liability company.

**ARTICLE VIII**

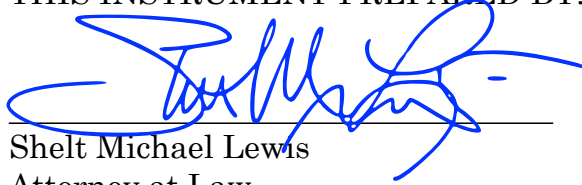
The profession to be practiced by the company is dentistry.

This 11th day of January, 2025.



Chris Nichols, DMD, MEMBER

THIS INSTRUMENT PREPARED BY:



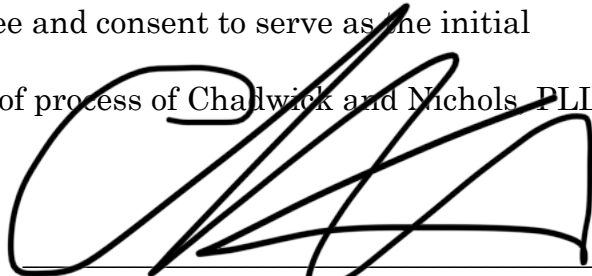
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STATEMENT OF CONSENT OF REGISTERED AGENT

I, Chris Nichols, DMD, having an address of 1602 Lakewood Dr.  
Elizabethtown, KY 42701, hereby agree and consent to serve as the initial  
registered office and agent for service of process of Chadwick and Nichols, PLLC.

DATE:

1/11/25



Chris Nichols, DMD