

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

10/3/2019 2:50 PM Fee Receipt: \$40.00

Division of Business Filings Articles of Organization **PLC Business Filings** PO Box 718, Frankfort, KY 40602 **Professional Limited Liability Company** (502) 564-3490 www.sos.ky.gov 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 KCC HEALTH CARE OHIO PLLC Article II: The street address of the professional limited liability company's initial registered office in Kentucky is 3218 Wren Rd Louisville KY Street Address Only (No Post Office Box Numbers) State City Zip Code and the name of the initial registered agent at that office is Matthew Grammer Article III: The mailing address of the professional limited liability company's initial principal office is Louisville KY 3218 Wren Rd 40213 Street Address or Post Office Box Number 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: Licensed Professional Clinical Counselor 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: Jefferson

☐ Large (50 or more employees)	Women-Owned Veteran Owned M	inority Owned
Please indicate which of the following best descri	bes your business:	
Agriculture Mining Wholesale Trade Retail Trade Public Administration Transportation, Co Other	Services Construction Manufacturing Finance, Insurance, mmunications, Electric, Gas, Sanitary Services	Real Estate
I/We declare under penalty of perjury under	r the laws of the state of Kentucky that the f	oregoing is true and correct.
MATTHEW GRAMMER	Matthew Grammer	10/03/2019
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
Signature of Organizer	Printed Name	Date
I, Matthew Grammer	, consent to serve as the registered a	gent on behalf of the limited liability company.
Print Name of Registered Agent	Marilla and One are an	10/00/0010
MATTHEW GRAMMER Signature of Registered Agent	Matthew Grammer Printed Name	10/03/2019 Date
organical or regression Agent	i inted Name	Date

To complete the following, please shade the box completely.

business ownership:

Please indicate whether any of the following make up more than fifty percent (50%) of your

Please indicate the size of your business:

Small (Fewer than 50 employees)