LAOO Michael G. Adams Kentucky Secretary of State Received and Filed: 12/6/2021 7:02 AM

1179698.06

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Fee Receipt: \$40.00

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

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:

Emergency Medical Staffing, PLLC

Article II: The street	address of the professional limited	I liability company's initial reg	gistered office in	Kentucky is:	
7331 SE Licking River Rd		Salyersville	KY	41465	
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code	
and the name of the	initial registered agent at that office	e is Samuel Dewayne Ster	ohens		
Article III: The mailin	ng address of the professional limit	ed liability company's initial p	orincipal office is	:	
7331 SE Licking River Rd		Salyersville	KY	41465	
Street Address or Post Office Box Number		City	State	Zip Code	
Article IV: The profe	ssional limited liability company is	to be managed by (must che	eck one):		
++	A. a manager(s).				
	B. its member(s).				

B. its member(s).

Article V: The profession to be practiced through the professional limited liability company:

Health Care, provided by a licensed Paramedic.

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 of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Same to X	Samuel Dewayne Stephens	11/27/2021	
Signature of Organizer	Printed Name	Date	
Signature of Organizer	Printed Name	Date	
Signature of Organizer	Printed Name	Date	
I, Samuel Dewayne Stephens	, consent to serve as the registered agent on behalf of the limited liability company. Samuel Dewayne Stephens		
Signature of Redistrice Agent	Printed Name	Date	



PLC

dwilliams