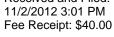
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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 11/2/2012 3:01 PM





## **COMMONWEALTH OF KENTUCKY** ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Compa			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned applies to	qualify and for that	purpose submits th	ne following statements:
Article I: The name of the limited	l liability company is			
Phlebotomy Essentials	s, LLC			
Article II: The street address of t	he limited liability company's ir	nitial registered office	e in Kentucky is	
504 Erlanger Road		Erlanger	KY	41018
Street Address Only (No Post Office Box Numbers)		City	State	Zip Code
and the name of the initial registe	ered agent at that office is Ra	ndy J. Blanke	nship	
Article III: The mailing address of			44040	
319 Erlanger Road		Erlanger	KY	41018
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability con	mpany is to be managed by (m	nust check one):		
A. a manager(s).				
B. its member(s).				
Article V: This application will be	effective upon filing, unless a	delayed effective da	te and/or time is pr	ovided. The effective
data or the delayed effective data	a connet be prior to the date th	a application is filed	The data and/ort	les e le
date or the delayed effective date	s cannot be prior to the date the	e application is filed.	The date and/or t	(Delayed effective
				date and/or time)
I/We declare under penalty of pe	rjury under the laws of the state	e of Kentucky that th	ne foregoing is true	and correct.
Kathy Blankenship, Member				11/1/13
The the the the the		rinted Name & Title Date		
Amy & Dreamy Amy		Amy R. Gregory, Member		
Signature of Organizer	Printed Name & Title Date			
Randy J. Blankenshi	o			
Print Name of Registered Agent	, consent	to serve as the registere	d agent on behalf of the	e limited liability company.
Bonds T. Blankers hip		Randy J. Blankenship		
Signature of Registered Agent	Printed	l Name	Date	/