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ADD  
**Michael G. Adams**  
**Kentucky Secretary of State**  
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**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
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:  
UofL Health Ambulatory Surgery Center, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

530 S. Jackson Street	Louisville	KY	40202
<b>Street Address Only (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

and the name of the initial registered agent at that office is James Rayome

Article III: The mailing address of the limited liability company's initial principal office is:

530 S. Jackson Street	Louisville	KY	40202
<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Article IV: The limited liability company is to be managed by (must check one):

- A. a manager(s).
- B. its member(s).

Article V: This application will be effective upon filing.

If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<u>James Rayome</u> Signature of Organizer	James Rayome, Chief Legal Officer Printed Name & Title	11/13/2023 Date
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Signature of Organizer	Printed Name & Title	Date
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I, James Rayome, consent to serve as the registered agent on behalf of the limited liability company.  
Print Name of Registered Agent

By: <u>James Rayome</u> Signature of Registered Agent	James Rayome Printed Name
11.13.2023 Date	

(02/23)