

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/24/2023 12:28 PM Fee Receipt: \$50.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

## **Articles of Incorporation Profit Corporation**

vww.sos.ky.gov					
Pursuant to KRS 14A and KRS 271B, t			submits the fo	llowing statements:	
Article I: The name of the corporation i	s Manley Neurosurgical	Consulting, Inc.		· · · · · · · · · · · · · · · · · · ·	
Article II: The number of shares the co		<del>.</del>			
Article III: The street address of the co			-		
421 West Main Street	, p	Frankfort	KY	40601	
Street Address (No Post Office Box Numbers	City	State	Zip Code		
and the name of the initial registered a					
Article IV: The mailing address of the o	corporation's principal office				
4320 Newtown Pike	Lexington	KY	40511		
Street Address or Post Office Box Number		City	State	Zip Code	
Article VI. The name and mailing addre	es of the incorporator is as f	iallaura.			
Article V: The name and mailing addre Geoff Manley 4320 Newtown Pik	·	Lexington	KY	40511	
	Street Address or Post Office Box Number		State	Zip Code	
		City			
Name Street Address o	Street Address or Post Office Box Number		State	Zip Code	
Name Street Address o	Street Address or Post Office Box Number		State	Zip Code	
Article VI: This application will be effect	ive upon filing.				
			\ I 444 O 46	NF ( !	
Article VII: If checked, this busine	ess is veteran-owned as defi	ned by KRS 14A.2-070(45	) and 14A.2-16	55 (see instructions).	
DocuSigned by:	ndar the laws of the state of	Kentucky that the foregoin	a is true and a	orroot	
Groff Manley remains of perjury of	nder the laws of the state of	Kentucky that the foregoin	•		
'''	Geoff Manley	Incorporator	1/23/2023		
B7B5FA688365436 Digitature of inicorporator	Printed Name	Title	Da	nte	
Corporation Service Company		, consent to serve as the re	egistered agent on	behalf of the corporation	
Print Name of Registered Agent		_	-		
Shauna Godbolt	Shauna Godbolt	Assistant Secretary	0.	01/23/2023	
Signature of Registered Agent	Printed Name	Title	Da	ate	