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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, 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 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
LOUISVILLE UROLOGY VENTURES, LLC

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

306 W. Main Street, Suite 512,

Frankfort

KY

40601

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is C T Corporation System

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

9825 Spectrum Dr., Bldg 3

Austin

TX

78717

Street Address or Post Office Box Number

City

State

Zip Code

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, 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 _____

(Delayed effective
date and/or time)

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

Clint Davis, Asst. Secretary of Lithotripters, Inc., its Manager

5-12-2011

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

C T Corporation System

I, _____, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

By:

5-12-2011

Signature of Registered Agent

Printed Name

Date

(04/11)

Howard L. Volz
Asst. Secretary



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Statement of Consent of Registered Agent
(Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☐ a corporation (KRS 271B, KRS 273 or KRS 274)
☒ a limited liability company (KRS 275)
☐ a limited partnership (KRS 362)
☐ a limited liability partnership (KRS 362)
☐ a business trust (KRS 386)
2. The name of the business entity is LOUISVILLE UROLOGY VENTURES, LLC
3. The state or country of incorporation, organization or formation is Kentucky
4. The name of the initial registered agent is C T Corporation System
5. The street address of the registered office address in Kentucky is:
306 W. Main Street, Suite 512, Frankfort KY 40601
Street Address (No Post Office Box Numbers) **City** **State** **Zip Code**
6. 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 _____
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

By: C T Corporation System

Signature of Registered Agent

Printed Name

Title

Howard L. Volz
Asst. Secretary