



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

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Michael G. Adams
Kentucky Secretary of State
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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

PLC

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:
Wright Anesthesia, PLLC

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

<u>9900 Corporate Campus Drive, Suite 3000</u>	<u>Louisville</u>	<u>KY</u>	<u>40223</u>
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is United States Corporation Agents, Inc.

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

<u>1142 Laurelwood Ln</u>	<u>Independence</u>	<u>KY</u>	<u>41051</u>
Street Address or Post Office Box Number	City	State	Zip Code

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

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

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

Anesthesia, provided by a licensed Nurse Anesthesia.

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

	<u>Matthew Taylor Wright</u>	<u>1/19/22</u>
Signature of Organizer	Printed Name	Date

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Signature of Organizer	Printed Name	Date
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I, United States Corporation Agents, Inc., consent to serve as the registered agent on behalf of the limited liability company.

<u>United States Corporation Agents, Inc.</u>	<u>Cheyenne Moseley, Assistant Secretary, United States Corporation Agents, Inc.</u>	
Print Name of Registered Agent	Printed Name	Date