

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**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

**Alpha Anesthesia Services LLC**

Article II: The name of the initial registered agent is

**Len Gant**

and the street address of the entity's initial registered office in Kentucky is

**9300 Shelbyville Road Ste 1100, Louisville, KY 40222**

Article III: The mailing address of the entity's principal office is

**200 W Liberty St Ste 1607, Louisville, KY 40202**

Article IV: This entity is managed by **Members**.

This filing will be effective on **Thursday, January 16, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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

Signature of individual signing on behalf of **Organizer: Len Gant**

I, **Len Gant**, consent to sign for **Len Gant** who serves as the Registered Agent on behalf of this entity on Thursday, January 16, 2025.