



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
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:

Orthopedic Center of Louisville, 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:

569 Brookwood Village, Suite 901 Birmingham AL 35209

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.

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.

Timothy Yuckman

Timothy Yuckman (Jul 12, 2023 14:41 EDT)

Timothy Yuckman - Manager

07/12/2023

Signature of Organizer

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

C T Corporation System

By:

Signature of Registered Agent

Printed Name

Date

(02/23)



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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 Orthopedic Center of Louisville
3. The state or country of incorporation, organization or formation is KY
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 Number)	City	State	Zip Code

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

C T Corporation System		
By: _____	Jori Sawan	
Manager	Signature of Registered Agent	Printed Name
Title		