



**COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

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Alison Lundergan Grimes
Kentucky Secretary of State
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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
Pain Care Surgery of Louisville, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is
2831 Lone Oak Road Paducah Kentucky 42003
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Laxmaiah Manchikanti

Article III: The mailing address of the limited liability company's initial principal office is
2831 Lone Oak Road Paducah Kentucky 42003
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 _____.

Please indicate the county in which your business operates: County: <u>Jefferson</u>	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following applies to your business ownership: <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input checked="" type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction

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

	<u>Laxmaiah Manchikanti</u>	<u>12-17-19</u>
Signature of Organizer	Printed Name & Title	Date
	<u>Mahendra Sanapati</u>	<u>12/17/2019</u>
Signature of Organizer	Printed Name & Title	Date
I, <u>Laxmaiah Manchikanti</u>	consent to serve as the registered agent on behalf of the limited liability company.	
Print Name of Registered Agent	<u>Laxmaiah Manchikanti</u>	<u>12-17-19</u>
Signature of Registered Agent	Printed Name	Date