



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

1080850.06

balimonos
LAOO

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/19/2019 7:20 AM
Fee Receipt: \$40.00

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):

X

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: Jefferson

To complete the following, please shade the box completely.

Please indicate the size of your business:

☒ Small (Fewer than 50 employees)

☐ Large (50 or more employees)

Please indicate whether any of the following applies to your business ownership:

☐ Women Owned

☐ Veteran Owned

☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture

☐ Mining

☒ Services

☐ Construction

☐ Wholesale Trade

☐ Retail Trade

☐ Manufacturing

☐ Finance, Insurance, Real Estate

☐ Public Administration

☐ Transportation, Communications, Electric, Gas, Sanitary Services

☐ Other

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

Signature of Organizer

Laxmaiah Manchikanti

Printed Name & Title

Date

12-17-19

Signature of Organizer

Mahendra Sanapati

Printed Name & Title

Date

12/17/2019

I, Laxmaiah Manchikanti
Print Name of Registered Agent

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

Signature of Registered Agent

Laxmaiah Manchikanti

Printed Name

Date

12-17-19