

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1405266.06
Michael G. Adams
Secretary of State
Received and Filed
10/29/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

PURSUIT ANESTHESIA SERVICES LLC

3. The name of the entity to be used in Kentucky is

PURSUIT ANESTHESIA SERVICES LLC

4. The state or country under whose law the entity is organized is **Iowa**.

5. The date of organization is **3/30/2021** and the period of duration is **12/31/2023**.

6. The mailing address of the entity's principal office is

414 Mays Br, Prestonsburg, KY 41653

7. The name of the initial registered agent is

BROOKE BAILEY

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

414 Mays Br, Prestonsburg, KY 41653

8. The names and business addresses of the entity's representatives:

Registered Agent	BROOKE BAILEY	414 Mays Br, Prestonsburg, KY 41653
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Authorized Rep	BROOKE BAILEY	414 Mays Br, Prestonsburg, KY 41653
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9. This entity is managed by **Members**.

10. This filing will be effective on **Tuesday, October 29, 2024**.

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 **Authorized Rep:**
BROOKE BAILEY

I, **BROOKE BAILEY**, consent to sign for **BROOKE BAILEY** who
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serves as the Registered Agent on behalf of
October 29, 2024.

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