

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

Michael G. Adams
Secretary of State
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**Articles of Organization
Limited Liability Company**

KLC

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1377173.06
Michael G. Adams
Secretary of State
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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

BLUEGRASS ANESTHESIA SOLUTIONS LLC

Article II: The name of the initial registered agent is

Cody Hambleton

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

2229 Gladstone Ave, Louisville, KY 40205

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

2229 Gladstone Ave, Louisville, KY 40205

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

This application will be effective on **Monday, July 8, 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 **Organizer: Cody Hambleton**

I, **Cody Hambleton**, consent to serve as the Registered Agent on behalf of this entity on Monday, July 8, 2024.