

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

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

**Articles of Organization
Professional Limited Liability Company**

PLC

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 professional limited liability company is

KENTUCKY CENTER FOR ADVANCED NEUROMODULATION PLLC

Article II: The name of the initial registered agent is

G. Randolph Schrodt, Jr. M.D.

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

8003 Lyndon Centre Way Suite 202, Louisville, KY 40222

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

8003 Lyndon Centre Way Suite 202, Louisville, KY 40222

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

Article V: The profession to be practiced through the professional limited liability company is

Physicians

Article VI: This filing will be effective on **Tuesday, November 26, 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: G. Randolph Schrodt, Jr. M.D.**

I, **G. Randolph Schrodt, Jr. M.D.**, consent to sign for **G. Randolph Schrodt, Jr. M.D.** who serves as the Registered Agent on behalf of this entity on Tuesday, November 26, 2024.