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Michael G. Adams  
Kentucky Secretary of State  
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COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
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:

Spine and Orthopedic Specialists of Kentucky, PLLC

Article II: The street address of the professional limited liability company's initial registered office in Kentucky is:

306 W. Main Street, Suite 512 Frankfort KY 40601

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is CT Corporation System

Article III: The mailing address of the professional limited liability company's initial principal office is:

222 South 1st Street, Suite 300 Louisville KY 40202

Street Address or Post Office Box Number

City

State

Zip Code

Article IV: The professional limited liability company is to be managed by (must check one):

☐  
☒

A. a manager(s).

B. its member(s).

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

Medical practice/health care provider

Article VI: This application will be effective upon filing.

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

*Jacquelin Walker* Jacquelin Walker 3/25/2024  
Signature of Organizer Printed Name Date

Signature of Organizer Printed Name Date

Signature of Organizer Printed Name Date

I, CT Corporation System

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

*Rachel O'Connor* Rachel O'Connor, Assistant Secretary 3/27/2024  
Print Name of Registered Agent Printed Name Date

Signature of Registered Agent Printed Name Date