

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
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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

SNS ANESTHESIA LLC

3. The state or country under whose law the entity is organized is **Florida**.

4. The date of organization is **8/12/2021** and the period of duration is **perpetual**.

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

327 Ridgeway Rd, Lexington, KY 40502

6. The name of the initial registered agent is

SNS Anesthesia LLC

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

327 Ridgeway Rd, Lexington, KY 40502

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

Manager Starr Nicole Sparks 327 Ridgeway Rd, Lexington, KY 40502

Organizer Starr Nicole Sparks 327 Ridgeway Rd, Lexington, KY 40502

8. This entity is managed by **Managers**.

9. This filing will be effective on **Wednesday, August 28, 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 **Manager: Starr Nicole Sparks**

I, **Starr Nicole Sparks**, consent to sign for **SNS Anesthesia LLC** who serves as the Registered Agent on behalf of this entity on Wednesday, August 28, 2024.