

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

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1389193.06
Michael G. Adams
Secretary of State
Received and Filed
8/22/2024 12:00:00 AM
Fee receipt: \$40

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

KLC

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

BOONE MEDICAL GROUP LLC

Article II: The name of the initial registered agent is

DW Services of Kentucky, LLC

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

300 W. Vine Street Suite 1700, Lexington, KY 40507

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

363 South Mill Street, Lexington, KY 40508

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

This filing will be effective on **Thursday, August 22, 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: Brian Behr**

I, **DW Services of Kentucky, LLC**, consent to sign for **DW Services of Kentucky, LLC** who serves as the Registered Agent on behalf of this entity on Thursday, August 22, 2024.