17820354

Form **LLC-5.5**
February 2022

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
ilsos.gov

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois
Limited Liability Company Act

Articles of Organization

SUBMIT IN DUPLICATE
Type or print clearly.

Filing Fee: $150
Approved: MJP

FILE #

This space for use by Secretary of State.

FILED
APR 17 2026
ALEXI GIANNOULIAS
SECRETARY OF STATE

1. Limited Liability Company name (see Note 1): Logos Psychiatry PLLC

2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)
330 East Main Street, Suite 219, Barrington, Illinois 60010

3. Articles of Organization effective on: (check one)
☑ the filing date
☐ a later date (not to exceed 60 days after the filing date): _____ (Month, Day, Year)

4. Registered agent's name and registered office address:

Registered agent: Vikas (First Name) | (Middle Initial) | Manjunath (Last Name)
(P.O. Box alone or c/o is unacceptable.)

Registered office: 330 (Number) East Main Street (Street) Suite 219 (Suite #)

Barrington (City) IL 60010 (ZIP)

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

5. Purpose(s) for which the Limited Liability Company is organized: (see Note 2)
The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act and/or exclusively for the purpose(s) stated below:
and to provide licensed medical services and services ancillary thereto.

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: _____ (Month/Day), _____ (Year).

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7. **Optional:** Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use standard sized paper.) _____

8. The Limited Liability Company has or will have on the effective date of filing one or more members.

9. Name(s) and business address(es) of the manager(s) and any member with the authority of manager:

Name	Number & Street	City	State	ZIP
Vikas Manjunath	330 East Main Street, Suite 219	Barrington	IL	60010

(If additional space is needed, use standard sized paper.)

10. **Name and Address of Organizer(s):**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: 04 / 07 / 2026
Month/Day Year

1. _____
Signature

Vikas Manjunath, Manager
Name and Title (type or print)

_____
If organizer is signing for a company or other entity, state name of company or entity.

1. 330 East Main Street, Suite 219
Number Street

Barrington
City

Illinois 60010
State ZIP

2. _____
Signature

_____
Name (type or print)

_____
If organizer is signing for a company or other entity, state name of company or entity.

2. _____
Number Street

_____
City

_____
State ZIP

Note 1: The Limited Liability Company name cannot contain any of the following terms or abbreviations: Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P. The name must contain the term **Limited Liability Company, LLC or L.L.C.** If a company is providing professional services licensed by the Illinois Department of Professional Regulation, the name must contain the term or abbreviation **Professional Limited Liability Company, PLLC or P.L.L.C.**

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.