

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed:

8/15/2023 12:58 PM Fee Receipt: \$90.00

Division of Business Filings **FBE** Certificate of Authority P.O. Box 718 (Foreign Business Entity) Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 14A - 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: professional limited liability company nonprofit corporation 1. The entity is a: profit corporation limited liability company statutory trust business trust public benefit corporation Itd cooperative association limited partnership professional service corporation other non-profit IIc 2. The name of the entity is Main Street Rural Health Willow ACO LLC (The name must be identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is Delaware 5. The date of organization is 05/03/23 and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is Nashville 926 Main Street State Zip Code City **Street Address** 7. The street address of the entity's registered office in Kentucky is 40504 828 Lane Allen Road, Suite 219 Lexington KY Zip Code State Street Address (No P.O. Box Numbers) City and the name of the registered agent at that office is \_Cogency Global Inc. 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): TN 900 Main Street Nashville Eric Olson State Zip Code Street or P.O. Box City Name Zip Code Name Street or P.O. Box City State State Zip Code City Name Street or P.O. Box 9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation. 10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation. 11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: 12, If a limited liability company, check box if manager-managed: 13. This application will be effective upon filing. 8/14/2023 Fric Olson Eric Olson, Secretary Date Signature of Authorized Representative Printed Name & Title I, Cogency Global Inc. consent to serve as the registered agent on behalf of the business entity. Type/Print Nagfe of Registered Agent 8/15/2023 Date



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAIN STREET RURAL HEALTH WILLOW ACO

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAIN STREET RURAL HEALTH WILLOW ACO LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203962754

Date: 08-15-23

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