

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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 business entity is a **limited liability company**.
2. The name of the entity is: **ENDURE HEALTH HOLDINGS, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **8/9/2022** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

4235 Hillsboro Pike Suite 300
Nashville , TN 37215

8. Required Representatives

Manager	Zachary Harris	4235 Hillsboro Pike Suite 300	Nashville	TN	37215
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9. Registered Agent/Office

CAPITOL CORPORATE SERVICES, INC.
828 LANE ALLEN RD STE 219
Lexington, KY 40504

I, **Mary Fink**, consent to sign for **CAPITOL CORPORATE SERVICES, INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, May 22, 2023

As the Authorized Representative, I, **Zachary Harris**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**