

1301208.06

Kentucky Secretary of State Received and Filed: 8/15/2023 1:11 PM

Michael G. Adams

Fee Receipt: \$90.00

mmoore ADD

COMMONWEALTH OF KENTUCKY				
MICHAEL G. ADAMS	, SECRETARY	OF STATE		

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e <b>of Authority</b> siness Entity)		FBE
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following	- 030 the undersigned hereby appl ng statements:	ies for authority to transact	t business in Kentucky on be	half of the entity named below
<ol> <li>The entity is a: profit corporate business trust business trust limited partne non-profit IIc</li> <li>The name of the entity is Main Street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entity is main street R (The name of the entin street R (The name of the entity is main street R (The name</li></ol>	t v limited li rship ltd coop professi	it corporation ability company erative association onal service corporation	ompany     statutory trust       association     public benefit corporation       vice corporation     other	
3. The name of the entity to be used in k	Kentucky is (if applicable):			
4. The state or country under whose law			unavailable for use; other	wise, leave blank.)
5. The date of organization is 05/03/23		and the period of durat		······································
6. The mailing address of the entity's pri	ncipal office is		(If left blank, duration is	considered perpetual.)
926 Main Street		Nashville	TN	37206
Street Address		City	State	Zip Code
<ol> <li>The street address of the entity's regises</li> <li>828 Lane Allen Road, Suite 219</li> </ol>	stered office in Kentucky is	Lexington	KY	40504
	Street Address (No P.O. Box Numbers) City		State	Zip Code
and the name of the registered agent at	that office is <u>Cogency Global Inc.</u>		·	*
8. The names and business addresses	of the entity's representatives (sec	retary, officers and director	s, managers, trustees or ger	neral partners):
Eric Olson	900 Main Street	Nashville	TN	37206
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
<ul> <li>9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation</li> <li>10. I certify that, as of the date of filing the service of the service</li></ul>	e states or territories of the United a.	States or District of Colum	bia to render a professional :	service described in the
11. If a limited partnership, it elects to be	a limited liability limited partnersh	ip. Check the box if applic	cable:	
12. If a limited liability company, check	box if manager-managed:			
13. This application will be effective upor	n filing.			
Eric Olson	Er	ic Olson, Secretary	8/14/2023	
Signature of Authorized Representative		Printed Name & Title		Date
I, Cogency Global Inc. Type/Print Name of Registered Agent Signature of Registered Agent	KARRA Printed Name		gistered agent on behalf of th ASS <u>TSQLR CTAR</u> Title	

**Delaware** 

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAIN STREET RURAL HEALTH MAGNOLIA 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 MAGNOLIA 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.



7440655 8300

SR# 20233247544 You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 203962749 Date: 08-15-23