

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: **MONTERA HEALTH TEXAS LLC**
3. The state or country whose law the entity is organized is **Texas**.
4. The date of organization is **1/31/2022** and the period of duration is **perpetual**.
This Filing is Effective on Tuesday, January 23, 2024
5. This entity is managed by Managers

6. Principal Office

548 Market Street, PMB 89605
San Francisco, CA 94104

7. Required Representatives

Manager	Ritankar Das	548 Market Street, San Francisco PMB 89605	CA	94104
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8. Registered Agent/Office

COGENCY GLOBAL INC.
828 Lane Allen Road Suite 219
Lexington, KY 40504

I, **Alexis Cassidy, Asst. Secretary**, consent to sign for **COGENCY GLOBAL INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, January 23, 2024

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