

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1301210.06

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Michael G. Adams Kentucky Secretary of State

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Authority siness Entity)		FBE	
Pursuant to the provisions of KRS 14/ and, for that purpose, submits the follo		lies for authority to transact l	ousiness in Kentucky	on behalf of the entity named below	
business trust limited lia		it corporation lability company erative association onal service corporation	professional limited liability company statutory trust public benefit corporation other		
2. The name of the entity is Main Street (The	name must be identical to the na	me on record with the Sec	retary of State.)	•	
The name of the entity to be used it The state or country under whose it	n Kentucky is (if applicable):(Onli	provide If "real name" is		otherwise, leave blank.)	
5. The date of organization is 05/24/23	aw the entity is organized is	and the period of duration	on is		
			(If left blank, durat	ion is considered perpetual.)	
 The mailing address of the entity's 926 Main Street 	principal office is	Nashville	TN	37206	
Street Address		City	State	Zip Code	
7. The street address of the entity's re 828 Lane Allen Road, Suite 219	Lexington	KY	40504		
Street Address (No P.O. Box Numb	City	s	tate Zip Code		
and the name of the registered agent	at that office is Cogency Global Inc.				
8. The names and business addresse	es of the entity's representatives (see	cretary, officers and directors	, managers, trustees	or general 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	
 9. If a professional service corporation and treasurer are licensed in one or n statement of purposes of the corporation. 10. I certify that, as of the date of filing 11. If a limited partnership, it elects to 12. If a limited liability company, che 13. This application will be effective u 	nore states or territories of the Unitedion. g this application, the above-named be a limited liability limited partnerslack box if manager-managed:	I States or District of Columb entity validly exists under the nip. Check the box if applica	ia to render a profess laws of the jurisdictio	ional service described in the	
trie Clean			{	3/14/2023	
Eric Olson		Eric Olson, Secretary			
Signature of Authorized Representative		Printed Name & Title		Date	

consent to serve as the registered agent on behalf of the business entity.

Signature of Registered Agent

Type/Print Name of Registered Agent

, Cogency Global Jnc.



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

DELAWARE, DO HEREBY CERTIFY "MAIN STREET RURAL HEALTH HAWTHORN 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 HAWTHORN ACO LLC" WAS FORMED ON THE TWENTY-FOURTH DAY

OF MAY, A.D. 2023.

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

at corn delaware gov/aut

Authentication: 203962768

Date: 08-15-23

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