



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

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**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 12/3/2020 8:47 AM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
 (Foreign Business Entity)

**FBE**

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:

1. The entity is a: ☐ profit corporation ☒ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☐ limited liability company ☐ statutory trust  
☐ limited partnership ☐ ltd cooperative association ☐ other  
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is CHMC Community Health Services Network, Inc.  
 (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 Ohio

5. The date of organization is 09/21/1995 and the period of duration is perpetual  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
3333 Burnet Avenue Cincinnati OH 45229  
**Street Address City State Zip Code**

7. The street address of the entity's registered office in Kentucky is  
50 E. RiverCenter Blvd., Suite 850 Covington KY 41011  
**Street Address (No P.O. Box Numbers) City State Zip Code**

and the name of the registered agent at that office is Taft Service Solutions Corp.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Steve Davis, President	3333 Burnet Avenue	Cincinnati	OH	45229-3039

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.

Steve Davis Steve Davis President 12/2/2020  
 Signature of Authorized Representative Printed Name & Title Date

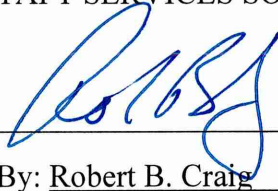
I, \_\_\_\_\_, consent to serve as the registered agent on behalf of the business entity.  
 Type/Print Name of Registered Agent

Signature of Registered Agent Printed Name Title Date

CONSENT OF REGISTERED AGENT

I, Robert B. Craig, consent to serve as registered agent on behalf of CHMC  
Community Health Services Network, Inc in Kentucky.

TAFT SERVICES SOLUTIONS CORP.

 Asst Sec'y

By: Robert B. Craig

Title: Assistant Secretary

Date: 12/2/2020