

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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: **COMPASSUS BSMH METROPOLIS HOSPICE HOLDCO, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **2/15/2024** and the period of duration is **perpetual**.
This Filing is Effective on Friday, March 15, 2024
5. This entity is managed by Members

6. Principal Office

225 Medical Center Dr, STE 203
Paducah, KY 42003-7907

7. Required Representatives

Member	John M. Starcher, Jr.	1701 Mercy Health Cincinnati Place	OH	45237
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8. Registered Agent/Office

C T Corporation System
306 West Main Street Suite 512
Frankfort, KY 40601

I, **Davis Wescott**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, March 15, 2024

As the Authorized Representative, I, **John M. Starcher, Jr.**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**