COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
5/18/2023 12:00 PM
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

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
- ☐ business trust
- ☐ limited partnership
- ☐ non-profit llc
- ☐ nonprofit corporation
- ☒ limited liability company
- ☐ ltd cooperative association
- ☐ professional service corporation
- ☐ professional limited liability company
- ☐ statutory trust
- ☐ other

2. The name of the entity is ASHFIELD HEALTH LLC.
(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 DELAWARE.

5. The date of organization is 02/06/2007 and the period of duration is _____.
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

Street Address	City	State	Zip Code
300 VESEY STREET, 10TH FLOOR	NEW YORK	NY	10282

7. The street address of the entity's registered office in Kentucky is

Street Address (No P.O. Box Numbers)	City	State	Zip Code
828 Lane Allen Rd Ste 219	Lexington	KY	40504

and the name of the registered agent at that office is Capitol Corporate Services, Inc.

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
TERRI GREENLEY	300 VESEY STREET, 10TH FLOOR	NEW YORK	NY	10282
ROB HENDERSON	800 TOWNSHIP LINE ROAD, STE 300	YARDLEY	PA	19067
MELISSA MACARELLI	1100 VIRGINIA DR, STE 200	FORT WASHINGTON	PA	19034

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.

Signature of Authorized Representative	Printed Name & Title	Date
Melissa Macarelli	MELISSA MACARELLI	05/15/2023

I, Capitol Corporate Services, Inc., 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
Shawna L. Smith	Shawna L. Smith	Assistant Secretary	5/16/2023