

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

1326833.06

Fee Receipt: \$90.00

kdcoleman ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/13/2023 2:41 PM

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

## Certificate of Authority

(Foreign Business Entity)

	) 564-3490 .sos.ky.gov								
Purs	uant to the provision for that purpose, sub	s of KRS 14A -	030 the undersign	ned hereby applies	for authority to transa	act business in Kentucky	on behalf of the	entity named below	
			The control of the co						
1. 11	The entity is a: profit corpor				nonprofit corporation		professional limited liability company		
	business trust			minted habin	limited liability company  Itd cooperative association		statutory trust		
	limited partnership non-profit llc		iship						
о т			Healthpeak Properties, LLC		service corporation	otner			
2. 11	ne name or the entity				on record with the S	Secretary of State )		*	
3 TI	he name of the entity					occident, or diamon,			
J. 11	no name or the entity	to be used in r	centucky is (ii appii		vide if "real name"	is unavailable for use;	otherwise, leave	blank.)	
4. TI	he state or country u	nder whose law	the entity is organ	The second secon		•			
5. Th	e date of organization	on is 11/09/20	23		and the period of dur				
e Ti	he mailing address o	f the entitude or	noinal office in			(If left blank, durati	on is considered	d perpetual.)	
6. The mailing address of the entity's principal office is 4600 South Syracuse Street, Suite 500					Denver	CO	80237		
	et Address				City	State	Zip Code	)	
7. TI	he street address of	the entity's regi	stered office in Ken	itucky is					
	W. Main Street, S		ore or or or or	action, so	Frankfort	KY	4060	1	
Stree	et Address (No P.O.	. Box Numbers	)		City		ate	Zip Code	
and t	the name of the regis	stered agent at 1	hat office is C T	Corporation Syste	em				
8. TI	he names and busine	ess addresses	of the entity's repre	sentatives (secretar	v. officers and direct	ors, managers, trustees of	or general partner	·s):	
								<i></i>	
Nam	althpeak OP, LLC	_	Street or P.O. Box	cuse St, Suite 500	City	CO State	80237 Zip Code	3	
			otteet of F.O. Box	•	City	State	Zip Code		
Name			Street or P.O. Box	K	City	State	Zip Code		
Nam	е		Street or P.O. Box	<	City	State	Zip Code	)	
and t	treasurer are licenser ment of purposes of	d in one or more the corporation	states or territorie	es of the United Stat	es or District of Colu	f the directors, and all of imbia to render a profession the laws of the jurisdiction	ional service desc	cribed in the	
11. If	f a limited partnership	o, it elects to be	a limited liability lin	mited partnership.	Check the box if appl	licable:			
12. 1	f a limited liability co	mpany, check	box if manager-m	nanaged:					
13. T	his application will be	e effective upor	filing.						
	DocuSigned by:				2 20	200			
Paul Jin Signature of Authorized Representative				Paul Y. Jin			Z/06/2023		
	C2083AEBDF974C	8			Printed Name & Titl		Date		
Tyr	T Corporation Sys	stered Agent		, con	sent to serve as the r	registered agent on behal	f of the business	entity.	
.,,,		ation System	Sandra Figal	Sandra Zwijac	k	Assistant Secretary	/	12/11/2023	
Signa	sture of Registered Ag	ent		Printed Name		Title		Date	