

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 9/13/2023 9:15 AM Fee Receipt: \$90.00

Certificate of Authority	/
(Foreign Business Entity)	

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

Division of Business Filings

Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following	030 the undersigne	ed hereby applies for auth	ority to transact	business in Kent	ucky on behalf o	of the entity named b
The entity is a:	: [10 7 10 10	
1	poor poor	nonprofit corporatio			onal limited liabi	ity company
business trust	***	limited liability comp	•	statutory	/ trust	
limited partner	rsnip	Itd cooperative asso		other		
non-profit llc	- I	professional service	corporation			
2. The name of the entity is <u>Thyme Car</u> (The name of the entity is <u>Thyme Car</u>		ical to the name on reco	rd with the Sec	cretary of State.)		
B. The name of the entity to be used in K				,,		
	io (ii appliot	(Only provide if	"real name" is	unavailable for u	use; otherwise,	leave blank.)
4. The state or country under whose law	the entity is organize	ed is Delaware				
5. The date of organization is $\underline{07/14/202}$	20	and the	period of durati			·
6. The mailing address of the entity's prin	noinal office is			(If left blank, d	uration is cons	idered perpetual.)
501 Great Circle Road	icipai office is	Nash	ville	TN	37	228
Street Address		City	VIIIC	State		Code
7. The etract address of the entitude region	tored office in Kout	•		31413	,	
 The street address of the entity's regis W. Main Street, Suite 512 	tered office in Kenti	,	Frankfort	1//		40601
Street Address (No P.O. Box Numbers)			City	KY	State	Zip Code
		amagnation System	o.t.y		Gtato	Lip codo
	ial Ullice is C I Cl	or boration System				
			rs and directors	s, managers, truste	ees or general p	artners):
8. The names and business addresses or			rs and directors	s, managers, trusto	ees or general p	artners):
3. The names and business addresses of SEE ATTACHED			rs and directors	s, managers, trusto		artners):
3. The names and business addresses of SEE ATTACHED Name	f the entity's represe	entatives (secretary, office	rs and directors		Zip	
3. The names and business addresses of SEE ATTACHED Name S	f the entity's represe	entatives (secretary, office	rs and directors	State	Zip	Code
3. The names and business addresses of SEE ATTACHED Name See Name 9. If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.	f the entity's representations of the entity's representation of the entity's representation of the entity's representation of the entity's representation of the entity is represented by the entity of the entity is represented by the entitle by the entity is represented by the entities of the entity is represented by the entity is re	City City City Cholders, not less than on of the United States or Di	e half (1/2) of th strict of Columb	State State State State one directors, and a province to render a pr	Zip Zip Zip Ill of the officers fessional service	Code Code Code other than the secrete described in the
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Name Name 9. If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation. 10. I certify that, as of the date of filing this a limited partnership, it elects to be a statement of purposes. 12. If a limited liability company, check is a limited liability company, check is a limited liability company. Signature of Authorized Representative. C T Corporation System	Street or P.O. Box Street or P.O. Box Street or P.O. Box I the individual share states or territories a a limited liability limit box if manager-ma filing.	city City City City City City Cholers, not less than on of the United States or Divove-named entity validly of ted partnership. Check to naged: CHRISTINE KE	e half (1/2) of the strict of Columb exists under the ne box if application. LM, ASST. SEC d Name & Title erve as the region.	State St	Zip Zip Zip Zip III of the officers fessional service diction of its form $\frac{08/30/2023}{\text{Date}}$ Dehalf of the bus	Code Code Other than the secret e described in the ation.

Entity Name: Thyme Care, Inc. Address of Officers & Directors						
Name	Designation	Address				
Robin Shah	Director & CEO	PO Box 282462, Nashville, TN 37228				
Robert Green	President	PO Box 282462, Nashville, TN 37228				
David Whelan	Director	72 Greene Street, FL 5, NY, NY 10012				
Elizabeth Canis	Director	540 Madison Avenue, Suite 34B, New York, NY 10022				
Vineeta Agarwala	Director	180 Townsend St, San Francisco, CA 94107				
Brenton Fargnoli	Director	220 5th Ave 17th floor, New York, NY 10001				
Puneet Singh	Director	228 Park Ave S #36149, New York, NY 10003				
Vivek Garipalli	Director	Clover Health, P.O. Box 471, Jersey City, NJ 07303				