

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1374964.06
Michael G. Adams
Secretary of State
Received and Filed
6/27/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **limited liability company**.

2. The name of the entity is

TRILOGY HEALTHCARE MASTER TENANT IX, LLC

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **4/9/2022** and the period of duration is **perpetual**.

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

303 N. Hurstbourne Parkway, Suite 200, Louisville, KY 40222

6. The name of the initial registered agent is

Corporation Service Company

and the street address of the entity's initial registered office in Kentucky is

421 West Main Street, Frankfort, KY 40601

7. The names and business addresses of the entity's representatives:

Member	Leigh Ann Barney	303 N. Hurstbourne Pkwy Ste 200, Louisville, KY 40222
Member	David W. Davis	303 N. Hurstbourne Pkwy Ste 200, Louisville, KY 40222
Member	Gregory A. Conner	303 N. Hurstbourne Pkwy Ste 200, Louisville, KY 40222

8. This entity is managed by **Members**.

9. This application will be effective on **Thursday, June 27, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Member: Gregory A. Conner**

I, **Jawann Latney**, on behalf of **Corporation Service Co**
consent to sign for **Corporation Service Co**
as the Registered Agent on behalf of this entity
27, 2024.

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