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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/9/2024 11:46 AM Fee Receipt: \$90.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		rtificate of Authority reign Business Entity)		FBE	
Pursuant to the provisions of KRS 14A – below and, for that purpose, submits the	030 the undersigned he following statements:	ereby applies for authority to transa	act business in Kentucky or	behalf of the foreign entity named	
1. The entity is a: profit corporate business trust limited partne non-profit Ilc	t 🔽	 nonprofit corporation limited liability company Itd cooperative association professional service corporation 	professional lin statutory trust other	nited liability company	
2. The name of the foreign entity is ARIA Kentucky, LLC (The name must be identical to the name on record in the state or country where the foreign entity was formed.)					
3. The name of the foreign entity to be used in Kentucky is (if applicable): (Only provide if name on line 2 is unacceptable for use; otherwise, leave blank.)					
4. The state or country under whose law	the foreign entity is org	anized is Delaware			
5. The date of organization is September 25, 2024 and the period of duration is (If left blank, duration is considered perpetual.)					
6. The mailing address of the foreign en			(il lett blank, dula		
PO Box 72		Morehead	KY State	40351 Zip Code	
Street Address		City	State	Zih oode	
 The street address of the foreign entit 445 Clinic Drive 	y's registered office in R	entucky is Morehead	KY		
Street Address		City	State	Zip Code	
and the name of the registered agent at t	hat office is Christophe	r Hall			
8. The names and business addresses of	of the foreign entity's rep	presentatives (e.g., secretary, office	ers and directors, managers	s, trustees, or general partners):	
	45 Clinic Drive	Morehead	KY	40351	
	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
 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 foreign entity validly exists under the laws of the jurisdiction of its formation. 					
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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 be	ox if manager-managed	:			
13. This application will be effective upon	a filing.				
0p / X/	Shawn Leon		12/9	12/9/24	
Signature of Authorized Representative		Printed Name & Ti	tle	Date	
I, Christopher Hall, consent to serve as the registered agent on behalf of the business entity.					
Type/Print Name of Registered Agent	1 DA				
epilstophin ;		is Hall	General Counsel	12/9/24	
Signature of Registered Agent	Pri	nted Name	Title	Date	