

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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
JOURNEY CZ CARE TEAM KY LLC
3. The state or country under whose law the entity is organized is **Delaware**.
4. The date of organization is **6/20/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
949 Conner St., Second Floor, Noblesville, IN 46060
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 Journey CZ KY Healthcare 949 Conner St., Second Floor, Noblesville, IN
Holdings LLC 46060
8. This entity is managed by **Members**.
9. This application will be effective on **Tuesday, July 23, 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 **CEO of Sole Member:**
Bernard Joseph McGuinness, III

I, **John Long**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Tuesday, July 23, 2024.