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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Organization
Nonprofit Limited Liability Company

Please note: This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Organization.

Pursuant to KRS 14A and KRS 275, the undersigned hereby forms a nonprofit limited liability company and for that purpose sets forth the following:

Article I: The name of the nonprofit limited liability company is:
Centurion Hospital Foundation of Kentucky IV, LLC

Article II: The street address of the non-profit limited liability company's initial registered office in Kentucky is:

306 West Main Street, Suite 512 Frankfort KY 40601

Street Address Only (No Post Office Box Numbers) **City** **State** **Zip Code**

and the name of the initial registered agent at that office is CT Corporation System

Article III: The mailing address of the non-profit limited liability company's initial principal office is:

c/o The Centurion Foundation Inc., One Buckhead Plaza, 3060 Peachtree Road NW, Suite 1030 Atlanta GA 30305

Street Address or Post Office Box Number **City** **State** **Zip Code**

Article IV: The non-profit limited liability company is to be managed by (must check one):

- ☒ A. a manager(s).
☐ B. its member(s).

Article V: The purpose of the non-profit limited liability company is:

See attached.

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: ☐ This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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

 Steve Lovoy 3/18/2025
Signature of Organizer Printed Name Date

Signature of Organizer Printed Name Date

Signature of Organizer Printed Name Date

I, _____, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Signature of Registered Agent Printed Name Date

Article V: The Company is organized for the purposes of, and shall be operated exclusively for the benefit of, performing the functions of, or carrying out the purposes of the Member within the meaning of Section 509(a)(3) of the Code, including the following:

- (a) To develop or facilitate the development of or to provide or facilitate low-cost financing for the facilities of Section 501(c)(3) organizations and other nonprofit organizations engaged in Section 501(c)(3) programs and activities which are the beneficiaries of the Foundation's Section 501(c)(3) programs and activities, consistent with the Foundation's operation in Kentucky as a purely public charity;
- (b) To acquire and use hospital and other medical facility property in Kentucky for the primary benefit of purely public charity hospitals that are also organizations described in Section 501(c)(3) of the Code;
- (c) To act as a charitable agent or charitable intermediary for loans and other financing to fund hospitals that are purely public charities and exempt Section 501(c)(3) organizations, all with a view toward reducing facility costs, improving existing facilities, and meeting other capital needs of such organizations;
- (d) To act as a charitable agent or charitable intermediary for loans and other financing to fund exempt Section 501(c)(3) programs and activities of exempt nonprofit organizations that are hospitals operating as purely public charities, all with a view toward reducing facility costs, improving existing facilities, and meeting other capital needs of such organizations; and
- (e) To operate, improve, expand and maintain the facilities of hospitals described above.



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**Statement of Consent of Registered Agent
(Domestic or Foreign Business Entity)**

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☐ a corporation (KRS 271B, KRS 273 or KRS 274)
☒ a limited liability company (KRS 275)
☐ a limited partnership (KRS 362)
☐ a limited liability partnership (KRS 362)
☐ a business trust (KRS 386)
2. The name of the business entity is Centurion Hospital Foundation of Kentucky IV, LLC
3. The state or country of incorporation, organization or formation is Kentucky
4. The name of the initial registered agent is C T Corporation System
5. The street address of the registered office address in Kentucky is:

306 W. Main Street, Suite 512	Frankfort	KY	40601
Street Address (No Post Office Box Number)	City	State	Zip Code

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

C T Corporation System,

Devin Randolph

03/17/2025

By: _____	_____	_____
Assistant Secretary	Signature of Registered Agent	Printed Name
Title		