

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$2,038.00

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

RCA

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 business entity is a limited liability company.
2. The name of the entity is: FRESENIUS MEDICAL CARE NAK LEBANON, LLC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Delaware.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

920 WINTER STREET
WALTHAM, MA 02451

Registered Agent Name/Address

CT CORP SYSTEM
306 W MAIN ST
SUITE 512
Frankfort, KY 40601

Members/Managers

Member	ROBERT CRICK	920 WINTER STREET WALTHAM MA 02451
Member	RAMSEY NASSAR	920 WINTER STREET WALTHAM MA 02451
Member	ALEXANDER AFANASYEV	920 WINTER STREET WALTHAM MA 02451

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. MOLLIE MILLER on 6/9/2023

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. CT CORP SYSTEM on 6/9/2023