



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1171281.09 mmoore
ASN
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
2/16/2024 10:53 AM
Fee Receipt: \$20.00

| | |
|--|--|
| Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN |
|--|--|

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Derby City PrEP Clinic

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Music City PrEP Clinic, Corp

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- | | |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input type="checkbox"/> a Domestic Corporation | <input checked="" type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |
| <input type="checkbox"/> a Domestic Statutory Trust | <input type="checkbox"/> a Foreign Statutory Trust |
| <input type="checkbox"/> a Domestic Limited Cooperative Association | <input type="checkbox"/> a Foreign Limited Cooperative Association |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

4. The business is organized and existing in the state or country of Tennessee

5. The mailing address is:

| | | | |
|--|-------------|--------------|------------|
| 225 S. 11th Street, Suite 101A | Nashville | TN | 37206 |
| Street Address or Post Office Box Numbers | City | State | Zip |

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

| | | |
|-----------------------------------|---------------------------------------|-------------------|
| <i>Ryan Hoffman</i> | Ryan Hoffman Authorized Person | 02/15/2024 |
| Authorized Party Signature | Printed Name | Title |
| | | Date |