

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 8/31/2023 10:04 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490		e of Authority siness Entity)		Fee Receipt: \$	90.00	
www.sos.ky.gov						
Pursuant to the provisions of KRS and, for that purpose, submits the fo	14A – 030 the undersigned hereby appl ollowing statements:	es for authority to transac	t business in Ken	tucky on behalf of	the entity named belo	
1. The entity is a: profit co	rporation nonprofi	corporation professional limited liability company			y company	
busines	s trust Iimited lis	ability company	statutor	y trust		
		erative association	public b	public benefit corporation		
non-prof	it IIc profession	nal service corporation	other			
2. The name of the entity is RGN-M	CA Owensboro I, LLC					
(The name must be identical to the nar	ne on record with the Se	cretary of State.		·	
3. The name of the entity to be use	d in Kentucky is (if applicable):(Only	provide if "real name" is	unavailable for	use; otherwise, l	eave blank.)	
4. The state or country under whos	e law the entity is organized is Delaware					
5. The date of organization is 08/22/2023		and the period of duration is perpetual				
6. The mailing address of the entity	r's principal office is		(If left blank, o	duration is consi	dered perpetual.)	
15305 N. Dallas Pkwy, 12th Floor	s principal office is	Addison	TX	7500	1	
Street Address		City	State		Code	
7. The street address of the entity's	registered office in Kentucky is	-				
421 West Main Street	registered emee in remackly is	Frankfort	KY	4	0601	
Street Address (No P.O. Box Numbers)		City		State	Zip Code	
and the name of the registered age	nt at that office is Corporation Service Cor	npany				
	sses of the entity's representatives (secr		rs, managers, trus	tees or general pa	rtners):	
Regus Corporation, Sole Member	15305 N. Dallas Pkwy, 12th Floor	Addison	TX	75001		
Name	Street or P.O. Box	City	State	Zin (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.

City

City

State

State

Title

Zip Code

Zip Code

Date

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

Printed Name

11.

Street or P.O. Box

Street or P.O. Box

- 12
- 13.

. If a limited partnership, it elects to be a limited liabilit	ty limited partnership. Check the box if app	licable:		
. If a limited liability company, check box if manage	er-managed:			
. This application will be effective upon filing.				
DocuSigned by:	Michael Bonham, Authorized P	erson 22	August 2023	17:40 CEST
C3E65558E2AA43D resentative	Printed Name & Tit	е	Date	
Corporation Service Company	, consent to serve as the i	egistered agent on be	ehalf of the business	entity.
NY Alix Anast	Corporation Service Company	Assistant Secreta	ary	08/30/2023

Signature of Registered Agent

Name

Name