

**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  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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 **nonprofit corporation**.

2. The name of the entity is

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

3. The state or country under whose law the entity is organized is **Ohio**.

4. The date of organization is **7/1/1940** and the period of duration is **8/14/2028**.

5. The mailing address of the entity's principal office is

**11000 Euclid Avenue, Cleveland, OH 44106**

6. The name of the initial registered agent is

**Corporate Creations Network, Inc.**

and the street address of the entity's initial registered office in Kentucky is

**101 North Seventh Street, Louisville, KY 40202**

7. The names and business addresses of the entity's representatives:

**Director**                      Bradley Bond                      3605 Warrensville Center Road, Shaker Heights,  
OH 44122

8. This filing will be effective on **Monday, August 12, 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 **CF0/Treasurer:**  
**Bradley Bond**

I, **Rachel Kauffman**, consent to sign for **Corporate Creations Network, Inc.** who serves as the Registered Agent on behalf of this entity on Monday, August 12, 2024.