

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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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 business entity is a **limited liability company**.
2. The name of the entity is: **BSMH EMPLOYER SERVICES LLC**
3. The state or country whose law the entity is organized is **Ohio**.
4. The date of organization is **4/26/2023** and the period of duration is **perpetual**.
5. This entity is managed by Members

**6. Principal Office**

1701 Mercy Health Place  
Cincinnati , OH 45237

**7. Registered Agent/Office**

Corporation Service Company  
421 West Main Street  
Frankfort, KY 40601

I, **Lea Rees**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, November 29, 2023

As the Authorized Representative, I, **Steven C. Hahn** , declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Deputy General Counsel**