DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/17/2023	202319801996	OHIO LLC - ARTICLES OF ORGANIZATION (LCP)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

ZENBUSINESS INC
5511 PARKCREST DR.
STE 103
AUSTIN, TX 78731

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5081559

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

DR. FEELZ GOOD IV HYDRATION & AESTHETICS LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
OHIO LLC - ARTICLES OF ORGANIZATION	**202319801996**

Effective Date: 07/17/2023

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of July, A.D. 2023.

Ohio Secretary of State

Form 610 Prescribed by:

Date Electronically Filed: 7/17/2023

Telphone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

115-LCA

Name of Limited Liability Company: Dr. Feelz Good IV Hydration & Aesthetics LLC

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 7/17/2023 Effective Time:

Pursuant to Ohio Revised Code Section 1706.16(D), a limited liability company is formed when the articles of organization are filed by the secretary of state or at any later date or time specified in the articles of organization. Pursuant to Ohio Revised Code Section 1706.172(D), articles of organization delivered to the Ohio Secretary of State for filing may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. Articles of organization are effective as provided in Ohio Revised Code Section 1706.172(D).

Optional: Purpose

Our business offer mobile IV hydration services as well as different types of facials

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Dr. Feelz Good IV Hydration & Aesthetics LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The complete address of the agent is:

ZENBUSINESS INC.

(Name of Statutory Agent)

100 E BROAD ST STE 1350

(Mailing Address)

COLUMBUS	OH	43215
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, ZENBUSINESS INC. , named herein as the

(Name of Statutory Agent)

Statutory agent for Dr. Feelz Good IV Hydration & Aesthetics LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature KHADIJEH HEMMATI

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles of Organization shall be signed by at least one person.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

KIMBERLY BLACK
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name