DOC ID ----> 202324800822

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/05/2023	202324800822	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

VIERHELLER
4222 LANDSBURY CT
COPLEY, OH 44321

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4259565

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

OHIO CARELINK LLC

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

Document(s)	Document No(s):
REINSTATEMENT	**202324800822**

Effective Date: 09/05/2023

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 5th day of September, A.D. 2023.

Ohio Secretary of State

DOC ID ----> 202324800822

Form 525A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Reinstatement & Appointment of Agent

For a Foreign or Domestic Corporation or Limited Liability Company
For Failure to Maintain a Statutory Agent
(108-REN) & (111-FREA)

Filing Fee: $25

Form Must Be Typed

Name of Entity	OHIO CARELINK LLC
Entity Number	4259565

Must complete this section

New Statutory Agent Name and Address

TIMOTHY VIERHELLER
Name

PO BOX 4289
Mailing Address

COPLEY
City

OH
State

44321
Zip Code

This section must be completed by domestic corporations and foreign and domestic limited liability companies.

Acceptance of Appointment

The Undersigned, TIMOTHY VIERHELLER , named herein as the
(Name of Statutory Agent)

Statutory agent for OHIO CARELINK LLC
(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

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

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

Reinstatement must be signed by a corporate officer, or if a nonprofit corporation, then by an officer of three members in good standing. If a limited liability company, by one person authorized by the limited liability company.

OHIO CARELINK
Signature

TIMOTHY VIERHELLER
By (if applicable)

Print Name

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name