DOC ID ----> 202436204006

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/31/2024	202436204006	FOREIGN LLC - CERTIFICATE OF REGISTRATION (LFP)	99.00	0.00	0.00	0.00

Receipt

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

UNIVERSAL REGISTERED AGENTS
12900 METCALF AVE.
140
OVERLAND PARK, KS 66221

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5333478

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

CLEARMEDIX PHARMACY, LLC

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

Document(s)	Document No(s):
FOREIGN LLC - CERTIFICATE OF REGISTRATION	**202436204006**
Effective Date: 12/27/2024	

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 31st day of December, A.D. 2024.

Ohio Secretary of State

Form 617 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 12/27/2024

Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Registration of a Foreign Limited Liability Company

For a Foreign (Non-Ohio) Limited Liability Company

Filing Fee: $99

Form Must Be Typed

106-LFA

Name of Limited Liability Company in its jurisdiction of formation

ClearMedix Pharmacy, LLC

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

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

Jurisdiction of formation DE

The foreign limited liability company is a foreign limited liability company.

Optional: Effective Date (MM/DD/YYYY) 12/27/2024 Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter 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. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.

Original Appointment of Statutory Agent

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

ClearMedix Pharmacy, 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 corporation may be served. The complete address of the agent is:

UNIVERSAL REGISTERED AGENTS, INC.

(Name of Statutory Agent)

3958 BROWN PARK DR STE D

(Mailing Address)

HILLIARD | OH | 43026

(Mailing City) | (Mailing State) | (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, UNIVERSAL REGISTERED AGENTS, INC. , named herein as the

(Name of Statutory Agent)

Statutory agent for ClearMedix Pharmacy, LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature SARAH MOORE

(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

This filing must be signed by at least one person authorized by the limited liability company.

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."

SHANI BOCIAN STEINBERG
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name