DOC ID ----> 202522601698

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 08/14/2025 | 202522601698 | TRADE NAME RENEWAL (RNR) | 25.00 | | | | 0 |

**Receipt**

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

**ANTHONY DUSTIN METS**
**547 E. 11TH AVE**
**COLUMBUS, OH, 43211**

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Frank LaRose

**1983589**

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

**YOUTH TO YOUTH**

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

| Document(s) | Document No(s): |
|---|---|
| **TRADE NAME RENEWAL** | **202522601698** |

**Effective Date: 08/14/2025**

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 14th day of August, A.D. 2025.

**Ohio Secretary of State**

DOC ID ----> 202522601698

Form 523A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 8/14/2025

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

# Renewal of Trade Name or Fictitious Name Registration
## Filing Fee: $25
### Form Must Be Typed

**(CHECK ONLY ONE (1) BOX)**

☉ Renewal of Trade Name (172-RNR)

Reg. No. 1983589

☐ Renewal of Fictitious Name (159-NFR)

Reg. No.

Trade Name or Fictitious Name to be Renewed: YOUTH TO YOUTH

Name of Registrant Renewing Name: COMPDRUG

Registrant's Entity Number (if registered with Ohio Secretary of State):

**Complete if the registrant is a general partnership and has not provided an entity number above. Registration numbers are assigned to partnerships that have filed a statement under Ohio Revised Code Chapter 1776 OR complete if a partner was listed on the original application and that person/entity is no longer a partner.**

Provide the name and address of at least one general partner.

| Name | Address |
|---|---|
| | |
| | |
| | |

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

**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**

Renewal must be signed by the registrant or authorized representative of the registrant.

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

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.

COMPDRUG
Signature

ANTHONY DUSTIN METS
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name