

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of April, A.D. 2025.

Ohio Secretary of State

A handwritten signature in blue ink, reading "Frank LaRose".

Validation Number:
202511805536



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/26/2008	200827000542	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00	.00	.00	.00

Receipt

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

WILLIAM F BLAKE JR
4110 SUNSET BLVD
STEUBENVILLE, OH 43952

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1808622

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

EASY RX PAD, LLC

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

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

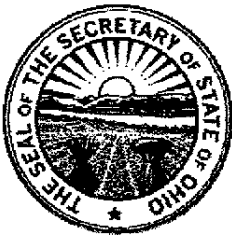
200827000542



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 25th day of September,
A.D. 2008.

Ohio Secretary of State



Form 533A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ Non Expedite PO Box 670
Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC
LIMITED LIABILITY COMPANY**

Filing Fee: \$125.00

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705	(2) <input type="checkbox"/> Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705
--	--

Name of limited liability company

EASY RX PAD, LLC

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

Effective Date

(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for

(Optional)

perpetual

Period of Existence

Purpose

(Optional)

The limited liability company is formed for the purpose of engaging in

any lawful activity for which limited liability companies may be formed

under §1705 of the Ohio Revised Code as now in effect or hereafter

amended.

☐ Check here if additional provisions are attached

ORIGINAL APPOINTMENT OF AGENT

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

EASY RX PAD, 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 name and address of the agent is

William F. Blake, Jr.

Name of Agent

4110 Sunset Boulevard

Mailing Address

Steubenville

City

Ohio

State

43952

Zip Code

☐ If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

EASY RX PAD, LLC

Name of Limited Liability Company

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

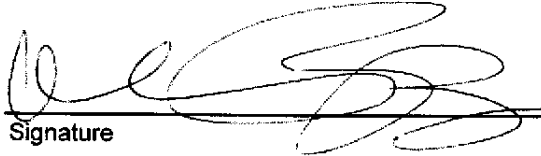
William F. Blake, Jr.

Agent's Signature

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 on behalf of the limited liability company identified above.

REQUIRED

Articles and original appointment of agent must be authenticated (**signed**) by a member, manager or other representative.



Signature

9/23/08

Date

William F. Blake, Jr.

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

(See Instructions Below)

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
28th day of April, A.D. 2025.

Ohio Secretary of State

A handwritten signature in blue ink, reading "Frank LaRose".

Validation Number:
202511805536



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/26/2011	201120600689	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

ANDREW J MIHALYO
PO BOX 15776
PITTSBURGH, PA 15244-0776

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2036386

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

DELTA CARE RX

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING

201120600689

Date of First Use: 04/02/2011

Expiration Date: 07/21/2016

EASY RX PAD, LLC

4249 SUNSET BLVD

STEUBENVILLE, OH 43953



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 21st day of July, A.D.
2011.

Ohio Secretary of State



Form 534A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☐ Expedite

PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ Non Expedite

PO Box 670
Columbus, OH 43216

NAME REGISTRATION
Filing Fee \$50

(CHECK ONLY ONE (1) BOX)

☒ Trade Name
(167-RNO)

Date of first use: 04/02/2011

☐ Fictitious Name
(169-NFO)

Name being registered or reported:

Delta Care Rx

Name of the Registrant:

Easy Rx Pad LLC

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

☐ Individual

☐ Unincorporated Association

☐ Partnership

Registration #, if any _____

☐ Professional Association

☐ Limited Partnership

Registration # _____

☐ Other

If foreign, Jurisdiction of Formation _____

☐ Limited Liability Partnership

Registration # _____

If foreign, Jurisdiction of Formation _____

☒ Limited Liability Company

Registration # 1808622

If foreign, Jurisdiction of Formation _____

☐ Ohio Corporation

Charter # _____

☐ Foreign Corporation

Ohio license # _____

Jurisdiction of Formation _____

All registrants must complete the information in this section

Business address:

4249 Sunset Blvd

Mailing Address

Steubenville

OH

43953

City

State

Zip Code

The general nature of the business conducted by the registrant:

Pharmacist Consulting and Pharmacy Benefit Mgt.

Complete the information in this section if registrant is a partnership not registered in Ohio

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, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation 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

Must be authenticated
(signed) by the registrant or
an authorized
representative

Signature

Andrew J Mihalyo

Print Name

07/19/2011

Date

Signature

Print Name

Date

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
28th day of April, A.D. 2025.

Ohio Secretary of State

A handwritten signature in blue ink that reads "Frank LaRose".

Validation Number:
202511805536



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/22/2014	201402200738	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

EASY RX PAD, LLC
ANDREW MIHALYO
PO BOX 2340/4249 SUNSET BLVD.
STEUBENVILLE, OH 43953

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2262055

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

ETHIX RX

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING

201402200738

Effective Date: 01/21/2014

Date of First Use: 01/15/2014

Expiration Date: 01/21/2019

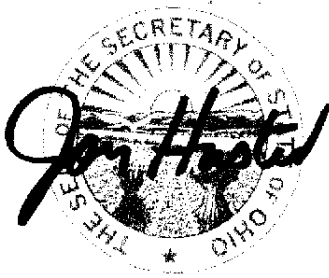
EASY RX PAD, LLC
PO BOX 2340/4249 SUNSET BLVD.
STEUBENVILLE, OH 43953



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 22nd day of January,
A.D. 2014.

Ohio Secretary of State



Form 534A Prescribed by:
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Bussserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

2014 JAN 21 AM 8:58

Name Registration

Filing Fee: \$50

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use:
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Name being Registered or Reported

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

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

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Business address:

Mailing Address

City

State

Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

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

Application must be signed by the registrant or an authorized representative.

Signature

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

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.

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
28th day of April, A.D. 2025.

Ohio Secretary of State

A handwritten signature in blue ink that reads "Frank LaRose".

Validation Number:
202511805536



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/28/2016	201611901928	TRADE NAME RENEWAL (RNR)	25.00				0

Receipt

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

--

128 JACKSON DR

STEUBENVILLE, OH, 43953 3631

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2036386

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

DELTA CARE RX

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

201611901928

Effective Date: 04/28/2016



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 28th day of April, A.D. 2016.

Jon Husted

Ohio Secretary of State



Form 523A Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 4/28/2016

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Renewal of Trade Name or Fictitious Name Registration

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

☒ Renewal of Trade Name (172-RNR)

Reg. No.

☐ Renewal of Fictitious Name (159-NFR)

Reg. No.

Trade Name or Fictitious Name to be Renewed

DELTA CARE RX

Name of Registrant Renewing Name

EASY RX PAD, LLC

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

ANDREW MIHALYO

128 JACKSON DR STEUBENVILLE OHIO 439533631

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.

ANDREW MIHALYO

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
28th day of April, A.D. 2025.

Ohio Secretary of State

A blue ink signature of Frank LaRose.

Validation Number:
202511805536



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/29/2018	201833300910	TRADE NAME RENEWAL (RNR)	25.00				0

Receipt

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

**EASY RX PAD, LLC
4249 SUNSET BLVD
PO BOX 2340
STEUBENVILLE, OH, 43952**

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2262055

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

ETHIX RX

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

201833300910

Effective Date: 11/29/2018



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 29th day of November, A.D.
2018.

Jon Husted

Ohio Secretary of State

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

[For screen readers, follow instructions located at this path.](#)

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.

☐ Renewal of Fictitious Name (159-NFR)

Reg. No.

Trade Name or Fictitious Name to be Renewed

Name of Registrant Renewing Name

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.

ETHIX RX

Signature

ANDREW MIHALYO

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
28th day of April, A.D. 2025.

Ohio Secretary of State

A handwritten signature in blue ink, reading "Frank LaRose".

Validation Number:
202511805536



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/24/2021	202105504656	TRADE NAME RENEWAL (RNR)	25.00				0

Receipt

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

**EASY RX PAD, LLC
4249 SUNSET BLVD
PO BOX 2340
STEUBENVILLE, OH, 43952**

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
2036386**

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

DELTA CARE RX

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

202105504656

Effective Date: 02/24/2021



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 24th day of February, A.D. 2021.

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

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. 2036386

☐ Renewal of Fictitious Name (159-NFR)

Reg. No.

Trade Name or Fictitious Name to be Renewed

DELTA CARE RX

Name of Registrant Renewing Name

EASY RX PAD, LLC

Registrant's Entity Number (if registered with Ohio Secretary of State): 1808622

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.

EASY RX PAD, LLC

Signature

ANDREW M. MIHALYO, CFO & PARTNER

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
28th day of April, A.D. 2025.

Ohio Secretary of State

A handwritten signature in blue ink, reading "Frank LaRose".

Validation Number:
202511805536



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/10/2023	202328303628	OHIO LLC - RESTATEMENT (LRA)	50.00	100.00	0.00	0.00

Receipt

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

C T CORPORATION SYSTEM
4400 EASTON CMNS WAY
STE 125
COLUMBUS, OH 43219

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
1808622**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
EASY RX PAD, LLC

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

Document(s)
OHIO LLC - RESTATEMENT

Effective Date: **10/10/2023**

Document No(s):
202328303628



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
10th day of October, A.D. 2023.

Ohio Secretary of State

Domestic Limited Liability Company Certificate of
Amendment or Restatement
Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

<div>(1) Domestic Limited Liability Company</div> <div><input type="checkbox"/> Amendment (129-LAM)</div>	<div>(2) Domestic Limited Liability Company</div> <div><input checked="" type="checkbox"/> Restatement (142-LRA)</div>
---	--

EASY RX PAD, LLC

Name of Limited Liability Company

1808622

Registration Number

Optional:

Effective Date (MM/DD/YYYY)

10/10/2023

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment 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 certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

Name of Limited Liability Company

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

Purpose

See attached

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

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."

ELLIOT AMUNDSON

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
EASY RX PAD, LLC**

(Pursuant to Section 1706.161 of the Ohio Revised Code)

EASY RX PAD, LLC, (the "Company") a limited liability company organized and existing under and by virtue of the provisions of the Ohio Revised Code (the "Code"), does hereby certify:

- A. The present name of the Limited Liability Company is EASY RX PAD, LLC.
- B. The original Articles of Organization of the Company was filed with the Secretary of State of Ohio on September 25, 2008.
- C. This Amended and Restated Articles of Organization, which amends and restates the Company's Articles of Organization in its entirety, has been duly adopted pursuant to the provisions of Section 1706.161 of the Code.
- D. This Amended and Restated Articles of Organization restates and integrates and further amends the Articles of Organization as herein set forth in full:
 - 1. Name. The name of the Company is **EASY RX PAD, LLC**.
 - 2. Registered Office. The address of the Company's registered agent and office in the State of Ohio is 4400 Easton Cmns, Suite 125, Columbus, OH, 43219. The name of the registered agent at such address is C T Corporation System.
 - 3. Acceptance of Appointment. The undersigned C T Corporation System, named herein the statutory agent for EASY RX PAD, LLC hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature: Kathryn A. Anderson _____
Assistant Secretary

IN WITNESS WHEREOF, the undersigned Authorized Person has duly executed this Amended and Restated Articles of Organization as of September 28, 2023.

DocuSigned by:

By:

Elliot Amundson

Name: ~~Elliot Amundson~~

Title: Authorized Person

[Signature Page to A&R Charter of EASY RX PAD, LLC]