

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:**  
202511805538



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/30/2023	202315003682	OHIO LLC - ARTICLES OF ORGANIZATION (LCP)	99.00	200.00	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**  
**5058004**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**STATESERV MEDICAL OF OHIO, LLC**  
and, that said business records show the filing and recording of:

Document(s)  
**OHIO LLC - ARTICLES OF ORGANIZATION**  
Effective Date: **05/30/2023**

Document No(s):  
**202315003682**



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  
30th day of May, A.D. 2023.

**Ohio Secretary of State**



## Original Appointment of Statutory Agent

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

StateServ Medical of Ohio, 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:

C T CORPORATION SYSTEM

(Name of Statutory Agent)

4400 EASTON CMNS STE 125

(Mailing Address)

COLUMBUS

(Mailing City)

OH

(Mailing State)

43219

(Mailing ZIP Code)

## Acceptance of Appointment

The Undersigned, C T CORPORATION SYSTEM, named herein as the  
(Name of Statutory Agent)

Statutory agent for StateServ Medical of Ohio, LLC  
(Name of Limited Liability Company)

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

Statutory Agent Signature C T CORPORATION SYSTEM BY KAITY TOON, ASSISTANT SECRETARY  
(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."

MATTHEW RAPIER, ORGANIZER

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

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

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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:  
202511805538



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/05/2023	202327801880	OHIO LLC - RESTATEMENT (LRA)	50.00	100.00	0.00	0.00

**Receipt**

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

CT CORPORATION SYSTEM  
4400 EASTON COMMONS  
SUITE 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
**5058004**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**STATESERV MEDICAL OF OHIO, LLC**

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

Document(s)  
**OHIO LLC - RESTATEMENT**

Effective Date: **10/05/2023**

Document No(s):  
**202327801880**



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 October, A.D. 2023.

**Ohio Secretary of State**



Telephone: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

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

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

(1) Domestic Limited Liability Company

☐ Amendment (129-LAM)

(2) Domestic Limited Liability Company

● Restatement (142-LRA)

STATESERV MEDICAL OF OHIO, LLC

Name of Limited Liability Company

5058004

Registration Number

### Optional:

Effective Date (MM/DD/YYYY) | 10/5/2023

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	StateServ Medical of Ohio, LLC
-----------------------------------	--------------------------------

(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  
STATESERV MEDICAL OF OHIO, LLC**

**(Pursuant to Section 1706.161 of the Ohio Revised Code)**

**StateServ Medical of Ohio, 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 StateServ Medical of Ohio, LLC.

B. The original Articles of Organization of the Company was filed with the Secretary of State of Ohio on May 30, 2023.

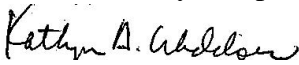
C. This Amended and Restated Articles of Organization, which amends and restates the Company’s Articles of Organization in its entirety, has been duly adopted pursuant to the provisions of Section 1706.161 of the Code.

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 **StateServ Medical of Ohio, 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 StateServ Medical of Ohio, LLC hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature:   
Kathryn A. Widdoes  
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: Elliott Amundson  
Name: Elliott Amundson  
Title: Authorized Person

*[Signature Page to A&R Charter of StateSev Medical of Ohio, LLC]*

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:  
202511805538



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/17/2025	202501703744	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00

**Receipt**

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

CT CORPORATION SYSTEM  
4400 EASTON COMMONS WAY, SUITE 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
5343714**

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

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

Document(s)

**FICTITIOUS NAME REGISTRATION**

Effective Date: 01/17/2025

Document No(s):

**202501703744**



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 January, A.D. 2025.

**Ohio Secretary of State**



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

**Name Registration**  
**Filing Fee: \$39**  
**Form Must Be Typed**

CHECK ONLY ONE (1) Box

☐ Trade Name  
(167-RNO)

Date of first use:

  
MM/DD/YYYY

☒ Fictitious Name  
(169-NFO)

DRAGONFLY HEALTH

Name being Registered or Reported

STATESERV MEDICAL OF OHIO, LLC

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): 5058004

**All registrants must complete the information in this section**

The general nature of business conducted by the registrant:

Professional, Scientific, and Technical Services

Business address:

1201 S ALMA SCHOOL ROAD SUITE 4000

Mailing Address

MESA

City

AZ

State

85210

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.

CHRISTOPHER ROODE

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.