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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings

P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the foreign entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☐ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☒ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation
2. The name of the foreign entity is HARNESS HEALTH PHARMACY - CENTRAL PHARMACY SERVICES, LLC
(The name must be identical to the name on record in the state or country where the foreign entity was formed.)
3. The name of the foreign entity to be used in Kentucky is (if applicable): _____
(Only provide if name on line 2 is unacceptable for use; otherwise, leave blank.)
4. The state or country under whose law the foreign entity is organized is Ohio
5. The date of organization is May 31, 2022 and the period of duration is _____
(If left blank, duration is considered perpetual.)
6. The mailing address of the foreign entity's principal office is
1701 Mercy Health Place Cincinnati Ohio 45237
Street Address City State Zip Code
7. The street address of the foreign entity's registered office in Kentucky is
421 West Main Street Frankfort KY 40601
Street Address City State Zip Code
- and the name of the registered agent at that office is Corporation Service Company
8. The names and business addresses of the foreign entity's representatives (e.g., secretary, officers and directors, managers, trustees, or general partners):
- | Name | Street or P.O. Box | City | State | Zip Code |
|--------------------|--------------------------------|-------------------|--------------|-----------------|
| <u>Lance Lomax</u> | <u>1701 Mercy Health Place</u> | <u>Cincinnati</u> | <u>OH</u> | <u>45237</u> |
| <u>Name</u> | <u>Street or P.O. Box</u> | <u>City</u> | <u>State</u> | <u>Zip Code</u> |
| <u>Name</u> | <u>Street or P.O. Box</u> | <u>City</u> | <u>State</u> | <u>Zip Code</u> |
9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.
10. I certify that, as of the date of filing this application, the above-named foreign entity validly exists under the laws of the jurisdiction of its formation.
11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐
12. If a limited liability company, check box if manager-managed ☒
13. This application will be effective upon filing.

Lance L. Lomax

Digitally signed by Lance L. Lomax
Date: 2024.12.04 10:20:54 -0500

Signature of Authorized Representative

Lance Lomax

Printed Name & Title

December 14, 2024

Date

I, Corporation Service Company

Type/Print Name of Registered Agent

consent to serve as the registered agent on behalf of the business entity.

Taylor Jones
Signature of Registered Agent

Corporation Service Company

Printed Name

Assistant Secretary

Title

12/04/2024

Date