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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/14/2014 12:00 AM
Fee Receipt: \$90.00



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : ☐ profit corporation (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274).
☐ business trust (KRS 386). ☒ limited liability company (KRS 275). ☐ professional limited liability company (KRS 275).
☐ limited partnership (KRS 362).

2. The name of the entity is Personal Medicine Plus, LLC

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): Personal Medicine Plus, LLC

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 03/11/2014

and the period of duration is _____

(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is

515 Madison Street, Apartment B

Paducah

KY

42001

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is

306 W. Main Street, Suite 512

Frankfort

KY

40601

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is CT Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Brandi Harless

515 Madison St., Apt. B

Paducah

KY

42001

Name

Street or P.O. Box

City

State

Zip Code

Name

Street or P.O. Box

City

State

Zip Code

Name

Street or P.O. Box

City

State

Zip Code

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 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. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective date and/or time)

U-B Corporation

By: [Signature]
Signature of Authorized Representative

Bradley D. Kaplan, Asst. Secretary
Printed Name & Title

3-13-14
Date

CT Corporation System
Type/Print Name of Registered Agent

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

[Signature]
Signature of Registered Agent
(01/12)

Renee Cruz, Asst. Secretary
Printed Name Title

3-13-14
Date

Delaware

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The First State

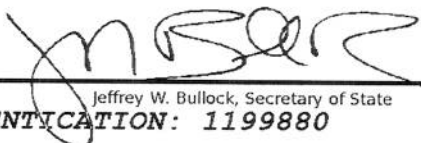
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PERSONAL MEDICINE PLUS, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF MARCH, A.D. 2014, AT 4:25 O'CLOCK P.M.

5496298 8100

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1199880

DATE: 03-12-14

CERTIFICATE OF FORMATION

OF

_____Personal Medicine Plus, LLC_____

1. The name of the limited liability company is Personal Medicine Plus, LLC.

2. The address of its registered office in the State of Delaware is: Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

3. Insert any other matters the members determine to include herein.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of Personal Medicine Plus, LLC this 11th day of March, 2014.

Organizer: U-B Corporation,
an Ohio corporation

By: _____

Stuart A. Schloss, Jr., Assistant Secretary