

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

RCA

Pursuant to the provisions of KRS 14A.9 - 030 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 business entity is a limited liability company.
2. The name of the entity is: JACKSON PHARMACY PROFESSIONALS, LLC
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Georgia.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

Registered Agent Name/Address

KY SECRETARY OF STATE
421 West Main Street
Frankfort, KY 40601

6. Lisa Gross, Authorized Person, on 7/29/2024

7. I, KY SECRETARY OF STATE, consent to serve as the registered agent on behalf of the this entity on 7/29/2024