

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State

Received and Filed

10/31/2022 12:00:00 AM

Fee receipt: \$144.00

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: CoPayAssistRx, LLC
3. The name of the entity to be used in Kentucky is (if applicable): CoPayAssistRx, LLC
4. It is an entity organized and existing under the laws of the state of Delaware.
5. The date of organization is 12/3/2021 and the period of duration is perpetual

**Principal Office**

6114 Mistflower Cir  
Prospect, KY 40059

**Registered Agent Name/Address**

James Hughes  
6114 Mistflower Cir  
Prospect, KY 40059

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. James G Hughes on 10/31/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. James Hughes on 10/31/2022