State of Rhode Island Fee: \$150.00 Office of the Secretary of State Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
7636 (401) 222-3040				
Foreign Limited Liability Company Application for Registration (Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)				
ARTICLE I				
The name of the limited liability company is: STRIVE PHARMACY LLC				
Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.				
ARTICLE II				
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
ARTICLE III				
The Limited Liability Company is organized under the laws of: State: <u>AZ</u> Country: <u>USA</u>				
The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.				
Later Effective Date:				
ARTICLE IV				
The date of its organization is: $5/22/2017$				
ARTICLE V				
The period of its duration is: <u>X</u> Perpetual				
ARTICLE VI				
The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:				
No. and Street: 47 WOOD AVE SUITE 2				
City or Town: <u>BARRINGTON</u> State: RI Zip: <u>02806</u>				
Name: <u>NORTHWEST REGISTERED AGENT LLC</u>				
Article VII				

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

COMPOUNDING PHARMACY

ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street:

City or Town:

47 WOOD AVE SUITE 2BARRINGTONState: F

State: <u>RI</u> Zip: <u>02806</u> Country: <u>USA</u>

ARTICLE X

The mailing address for the limited liability company is:

No. and Street:47 WOOD AVE SUITE 2City or Town:BARRINGTON

State: <u>RI</u> Zip: <u>02806</u> Country: <u>USA</u>

ARTICLE XI

The limited liability company is to be managed by its <u>X</u> Members^{*} or <u>Managers</u> (check one)

* If you checked to be managed by your MEMBERS (*the owners*) DO NOT complete the following section. <u>Only</u> complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 14 Day of October, 2024 at 3:02:57 PM by the Authorized Person.

NAT SMITH OF NORTHWEST REGISTERED AGENT LLC

Form No. 450 Revised 09/07

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

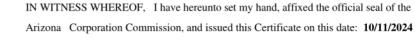
I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

STRIVE PHARMACY LLC

ACC file number: L21888119

was incorporated under the laws of the State of Arizona on 05/22/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



Angler K. Clark

Douglas R. Clark, Executive Director



