

BA20241955107

For Office Use Only

STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION California Secretary of State 1500 11th Street Sacramento, California 95814

(916) 657-5448

File No.: BA20241955107 Date Filed: 11/4/2024

| Entity Details | | | | | | |
|---|--|--|---|--|---|--|
| Corporation Name | | | | Ocean Park Rx Inc | | |
| Entity No. | | | | 6448471 | | |
| Formed In | | | | FORNIA | | |
| Street Address of Principal O | ffice of Corpo | pration | | | | |
| Principal Address | | | | 2731 OCEAN PARK BLVD SANTA MONICA, CA 90405 | | |
| Mailing Address of Corporation | on | | | | | |
| Mailing Address | | | | 2731 OCEAN PARK BLVD SANTA MONICA, CA 90405 | | |
| Attention | | | | | | |
| Street Address of California C | Office of Corp | oration | | | | |
| Street Address of Cal | ifornia Offi | се | None | 9 | | |
| Officers | | | | | | |
| Officer Name | Officer Name Officer Address | | Position(s) | | | |
| + Pouya Fakheri | + Pouya Fakheri 2731 OCEAN PARK BLVD SANTA MONICA, CA 90405 | | Chief Executive Officer, Chief Financial Officer, Secretary | | | |
| Additional Officers | • | | • | | | |
| Officer Name | | Officer Address | Position Stated Position | | Stated Position | |
| Oncer Name Oncer Adult | | | no Entoro | | Stated Fostion | |
| | | NU | ne Entere | 1 | | |
| Directors | | | | | | |
| Director Name | | | | Director Address | | |
| + Pouya Fakheri | | | | 2731 OCEAN PARK BLVD SANTA MONICA, CA 90405 | | |
| The number of vacan | cies on Bo | ard of Directors is: 0 | | | | |
| Agent for Service of Process | | | | | | |
| Agent Name | | | - | Pouya Fakheri | | |
| Agent Address | | | | 2731 OCEAN PARK BLVD SANTA MONICA, CA 90405 | | |
| Type of Business | | | | | | |
| Type of Business | | | Phar | Pharmacy | | |
| Email Notifications Opt-in Email Notifications | | | | do NOT want to recei r notifications by USP | ve entity notifications via email. I S mail. | |
| | urt of law, | orporation has an outstan for which no appeal there | | | he Division of Labor Standards on of any wage order or | |

| Electronic Signature | | | | | |
|--|------------|--|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | |
| | | | | | |
| Rayan Radbod | 11/04/2024 | | | | |
| Signature | Date | | | | |
| | | | | | |