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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company ABBVIE US LLC

Certificate of Status	0
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6/7/2012

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CT CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AbbVie US LLC Name of Limited Liability Company		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in F		
Please return all correspondence concerning this matter to the following:		
Name of Person		
Abbut Laboratories Firm/Company		
Doot 30L Ed APUC-IN 100 Aldrott Park Reac	7	
City/State and Zip Code	NOT ZIEZ	
B-mail address: (to be used for future annual report notification)	-7	rande.
For further information concerning this matter, please call:		11
Augus Area Code & Daytime Telephone Number	9:12	J. Harana
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee Status Certified Copy of Status & Certified Copy		:

FL057 - 10/05/2010 C T Palag Manager Online

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LIC.") (If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 04/10/2012 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. Upon Qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1 N. Waukegan Road, North Chicago, IL 60064 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Abbott Laboratories Inc., 100 Abbott Park Road, Abbott Park, IL 60064 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida; sales, marketing and distribution of pharmacoutical products

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of porjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

John A. Berry

Typed or printed name of signee

PLOST - 10/05/2010 C T Fitting Manager Opline

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Company is:		
AbbVie US LL	<u>c</u>		
If unavailable	e, the alternate to be used in the state of Florida is:	. ,	
2. The name	and the Florida street address of the registered agent and office are:		
	C T Corporation System		
	(Name)		
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	2912 J	Kalbery
	Plantation FL 33324 SSR City/State/Zip	2912 JUN - 7	
liability compa agent and agre relating to the j	amed as registered agent and to accept service of process for the above stated limited into any at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the	AM 9: 12	
obligations of n	my position as registered agent as provided for in Chapter 608, Florida Statutes.		
	By: James Halpin Assistant Secretary		
	(Signature)		
,	\$ 100.00 Filing Fee for Application		
	\$ 25.00 Designation of Registered Agent		

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

FL057 - 10/05/2010 C T Filing Manager Online

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBVIE US LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5137560 8300

120710691

You may verify this certificate online at cosp. delaware.gov/authvar.ahtml

Jeffrey W. Bullock, Secretary of State TION: 9623511

DATE: 06-06-12

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