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#### Foreign Limited Liability Company CARDINAL HEALTH 108, LLC

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Corporate Filing Menu

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#### COVER LETTER

	on of Corporations					
SUBJECT: C	ardinal Health 1		ilted Liability Comp	anv	· <del></del>	
The enclosed "/ Baistence, and c	Application by Foreign theck are submitted to	u Limited Liability Com	pany for Authorizati	on to Tra	nanct Business in Florida," C company to transact busines	Certificate of 12 in Piorida,.
Pleaso return all	correspondence con	cerning this matter to the	following:			
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		N	ano of Person			
	Cardinal Healt	nn				
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	7000 Cardinal	Place				
			Address		- <del></del>	
	Dublin, OH 43					
		City/S	ate and Zip Code			
		@cardinalhealth.c		and notif	leation)	
Por further info		ris matter, please call:	i tot intitie minimi ie	iport nom	nearron)	
Nadie	a Poliandro		nt (614)	757-5	382	
	Name of	Person	Area Code	Daytin	ne Telephone Number	
Divisio Registe P.O. Be	ING ADDRESS; on of Corporations ation Section ox 6327 assoc, FL 32314	Divisio Registr Clifton 2661 B	TADDRESS: n of Corporations atlon Section Building xecutive Center Circ ssee, PL 32301	:lo		
	check for the foll 5.00 Filing Fee D	lowing amount; I \$130.00 Filing Fee & Carlificate of Status	S155.00 Filing Certified Copy		□ \$160.00 Filing Pes, Cer of Status & Certified Co	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Cardinal Health 108, LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If same unavailable, enter alternate 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.") 2. Delaware (Inrisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty linbility) 5, 7000 Cardinal Place **Dublin, OH 43017** (Street Address of Principal Office) 6, 7000 Cardinal Place **Dublin, OH 43017** (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mallhew Blake - Assistant Treasurer Sam Samad - Senior Vice President & Treasurer 8. Attriched is an original certificate of existence, no mere 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 foreign language, a translation of the certificate under cath of the translator flust be submitted.) Signature of an authorized person (In accordance with section 605.0203, P.S., the execution of this document constitutes an affirmation under the penalties of perjury 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, F.S.)

Typed or printed name of signee

Sam Samad

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (I)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used in the state of Florida is:						
	.,					
2. The name	and the Florida street addre	ess of the registered agent and office are:				
	CT Corporation Syste	· em				
		(Namo)	•			
	1200 South Pine Island Road					
			_			
	Plorida Street	Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	PL 33324	_			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Renee Cruz, Asst. Secretary

\$ 100.00 Fliing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Cortified Copy (optional)
\$ 5.00 Cortificate of Status (optional)

# Delaware

DAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 108, 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 SECOND DAY OF JANUARY, A.D. 2014.

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

**5427160 8300** 

140003222

at corp. dolaware. gov/authvor. abtal

AUTHENTY CATION: 1027958

DATE: 01-02-14