

5/24/2018

Division of Corporations

M1800005031

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEMS
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

Foreign Limited Liability Company
Coram Specialty Infusion Services, L.L.C.

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$155.00).

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TALLAHASSEE, FL

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MAY 25 2018
J. HARRIS

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Coram Specialty Infusion Services, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. One CVS Drive (Street Address of Principal Office) Woonsocket, RI 02895 6. One CVS Drive (Mailing Address) Woonsocket, RI 02895

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324

Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

LAUREN KREATZ VICE PRESIDENT (Registered agent's signature)

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include President/Treasurer (William J. Bolgar), VP/Secretary (Thomas S. Moffatt), Vice President (Anne E. Klis), and Assistant Treasurer (Sheelagh M. Beaulieu).

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Melanie K. Luker (Signature of an authorized person) Typed or printed name of signer

FILED 2018 MAY 24 AM 5:41 DEPARTMENT OF STATE PALM BEACH COUNTY FLORIDA

<u>Name</u>	<u>Title</u>	<u>Address</u>
Clark, Jeffrey E.	Assistant Treasurer	200 Highland Corporate Drive, Cumberland, RI 02864
Cimbron, Linda M.	Assistant Secretary	One CVS Drive, MC 1160, Woonsocket, RI 02895
DeSousa, Kimberley M.	Assistant Secretary	One CVS Drive, MC 1160, Woonsocket, RI 02895
Luker, Melanie K.	Assistant Secretary	One CVS Drive, MC 1160, Woonsocket, RI 02895

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORAM SPECIALTY INFUSION SERVICES, L.L.C." 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 TWENTY-FOURTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20184329567

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202763616

Date: 05-24-18