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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

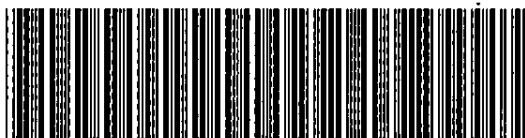
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12 NOV 20 AM 10:55

FILED
12 NOV 20 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 428118 5028257

AUTHORIZATION :

COST LIMIT : \$ 70.00

[Handwritten signature]

ORDER DATE : November 19, 2012

ORDER TIME : 4:18 PM

ORDER NO. : 428118-005

CUSTOMER NO: 5028257

FOREIGN FILINGS

NAME: MAGELLAN PHARMACY SOLUTIONS,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Magellan Pharmacy Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 45-5337607

(FEI number, if applicable)

4. February 3, 2012

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 55 Nod Road, Avon CT 06001

(Principal office address)

6950 Columbia Gateway Drive, Columbia MD 21046

(Current mailing address)

8. Services related to pharmacy benefits management.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

By: _____

(Registered agent's signature)

Carina L. Dunlap
Asst. Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

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Chairman: René Lerer, Director

Address: 55 Nod Road
Avon, CT 06001

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: Jonathan Rubin, Director

Address: 55 Nod Road
Avon, CT 06001

Director: Daniel N. Gregore

Address: 55 Nod Road
Avon, CT 06001

Director: _____

Address: _____

B. OFFICERS

President: Tina Blasi

Address: 6950 Columbia Gateway Drive
Columbia MD 21046

Vice President: Lintn Newlin

Address: 1203 4th Street, SW
Cullman, AL 35055

Secretary: Daniel N. Gregoire

Address: 55 Nod Road, Avon, CT 06001

Treasurer: Jonathan Rubin

Address: 55 Nod Road, Avon, CT 06001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. _____

Tina Blasi, President

(Typed or printed name and capacity of person signing application)

Delaware

The First State

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PAGE 1
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SECRETARY OF STATE
DOVER, DELAWARE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGELLAN PHARMACY SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGELLAN PHARMACY SOLUTIONS, INC." WAS INCORPORATED ON THE THIRD DAY OF FEBRUARY, A.D. 2012.

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

5104915 8300

121244414

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9998091

DATE: 11-19-12