

F21000007256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

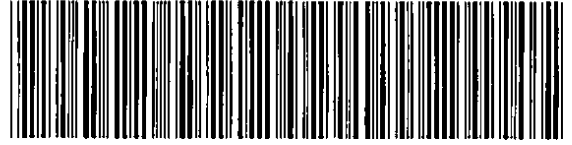
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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RECEIVED
2021 DEC 20 AM 11:55
ALLAHSSER, FL

DEC 20 2021
K. Brumbley

RECEIVED
AND
FILED
2021 DEC 20 PM 3:52
SECRETARY OF STATE
ALLAHSSER, FL 09000

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 339212 8287480
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : December 17, 2021
ORDER TIME : 10:23 AM
ORDER NO. : 339212-015
CUSTOMER NO: 8287480

FOREIGN FILINGS

NAME: IQVIA PHARMA 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: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IQVIA Pharma Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brandy Beals

Name of Person

IQVIA

Firm/Company

4820 Emperor Blvd.

Address

Durham, NC 27703

City/State and Zip code

GLDEntityManagement@iqvia.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandy Beals

at (919) 998-2979

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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. IQVIA Pharma 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. North Carolina 3. 20-3950764
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/15/2005 5.
(Date of incorporation) (Date of duration, if other than 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. 4820 Emperor Blvd., Durham NC 27703
(Principal office street address)

4820 Emperor Blvd., Durham NC 27703
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2021 DEC 20 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL 09101
APPROVED AND FILED

9. 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: [Signature]

(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Eric Sherbet
 Vice Chairman Address: 100 IMS Drive
 Director Parsippany NJ 07054
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Harvey Ashman
 Vice Chairman Address: 100 IMS Drive
 Director Parsippany NJ 07054
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Emmanuel Korakis
 Vice Chairman Address: 100 IMS Drive
 Director Parsippany NJ 07054
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Cathy LoBosco
 Vice Chairman Address: 83 Wooster Heights Rd
 Director Danbury CT 06810
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Jim Ferguson
 Vice Chairman Address: 1510 Valley Center Parkway
 Director Suite 130
 President Bethlehem PA 18017
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Michael Knolker
 Vice Chairman Address: 83 Wooster Heights Rd
 Director Danbury CT 06810
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Cathy LoBosco
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Brandy Beals
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

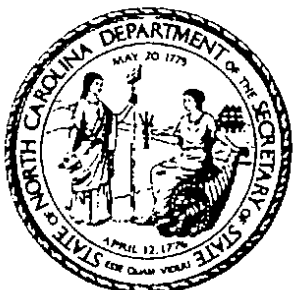
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

IQVIA PHARMA INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of December, 2005, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of December, 2021.

Elaine F. Marshall

Secretary of State