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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: sandy.schmehl@evernorth.com

RECEIVED

2023 DEC 15 PM 3:07

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
EVERNORTH WHOLESALE DISTRIBUTION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2023 DEC 15 PM 3:02

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. Evernorth Wholesale Distribution, 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 3. 93-3608409
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/31/2023 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. One Express Way, St. Louis, MO 63121
(Principal office street address)

same
(Current mailing address, if different)

8. 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
(City) (Zip code)

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.

C T Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY

(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]:

2023 DEC 15 PM 3:02

A. DIRECTORS

☐ Chairman Name: Bradley Phillips

☐ Vice Chairman Address: One Express Way

☒ Director St. Louis, MO 63121

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Sandra J. Schmehl

☐ Vice Chairman Address: 1601 Chestnut St. - Two Liberty Place

☐ Director Philadelphia, PA 19192

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Asst. Secretary ☐ Other _____

☐ Chairman Name: SEE ATTACHED

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ 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. Sandra J. Schmehl

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. Sandra J. Schmehl, Assistant Secretary

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

Director/Officer Business Address**EVERNORTH WHOLESALE DISTRIBUTION, INC.****Appointments**

Name	Position	Workaddress
BRADLEY PHILLIPS	MEMBER OF BOARD OF DIRECTORS; VICE PRESIDENT	ONE EXPRESS WAY, ST. LOUIS MO 63121
KRISTINA DAIKER	ASSISTANT SECRETARY	ONE EXPRESS WAY, ST. LOUIS MO 63121
MARK FLEMING	ASSISTANT TREASURER	1601 CHESTNUT ST -TWO LIBERTY, PHILADELPHIA PA 19192
WILLIAM HALEY	ASSISTANT VICE PRESIDENT	ONE EXPRESS WAY, ST. LOUIS MO 63121
JOANNE HART	VICE PRESIDENT, TREASURER	1601 CHESTNUT ST -TWO LIBERTY, PHILADELPHIA PA 19192
JOHN MIMLITZ	VICE PRESIDENT	ONE EXPRESS WAY, ST. LOUIS MO 63121
ALICIA MORROW	SECRETARY	ONE EXPRESS WAY, ST. LOUIS MO 63121
SANDRA J. SCHMEHL	ASSISTANT SECRETARY	1601 CHESTNUT ST -TWO LIBERTY, PHILADELPHIA PA 19192
WILLIAM SHIREY	PRESIDENT	ONE EXPRESS WAY, ST. LOUIS MO 63121

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERNORTH WHOLESALE DISTRIBUTION, 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 TWELFTH DAY OF DECEMBER, A.D. 2023.

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



7596742 8300

SR# 20234200473

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204792006

Date: 12-12-23