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ACCOUNT NO. : 072100000032 REFERENCE : COST LIMIT ORDER DATE: December 29, 2006 ORDER TIME : 11:36 AM ORDER NO. : 692823-035 CUSTOMER NO: 4391033 FOREIGN FILINGS NAME: CARDINAL HEALTH RESOURCES, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

CERTIFICATE OF GOOD STANDING

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

Cardinal Health Resources, LLC	艺 艺
(Name of Foreign Limited L	iability Company)
Delaware 3.	20-5247993
urisdiction under the law of which foreign limited liability ompany is organized)	20-5247993 (FEI number, if applicable) perpetual
July 19, 2006	
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")
January 1, 2007	
(Date first transacted business in Floi (See sections 608.501 & 608.502 F.S.	ida, if prior to registration.)
7000 Cardinal Place	to determine penalty habitity)
Dublin, Ohio 43017	
(Street Address of	f Principal Office)
If limited liability company is a manager-managed	company check here
	ompany, one on dete
The name and usual business addresses of the mana	ging members or managers are as follows:
Cardinal Health 303, Inc.	
7000 Cardinal Place	
Dublin, Ohio 43017	
Dublin, Ohio 43017	
Attached is an original certificate of existence, no more than 90 da	
Attached is an original certificate of existence, no more than 90 da urisdiction under the law of which it is organized. (A photocopy	is not acceptable. If the certificate is in a foreign language, a
Attached is an original certificate of existence, no more than 90 da jurisdiction under the law of which it is organized. (A photocopy	is not acceptable. If the certificate is in a foreign language, a
Attached is an original certificate of existence, no more than 90 da jurisdiction under the law of which it is organized. (A photocopy slation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign language, a litted.)
Attached is an original certificate of existence, no more than 90 da jurisdiction under the law of which it is organized. (A photocopy slation of the certificate under oath of the translator must be subm Nature of business or purposes to be conducted or	is not acceptable. If the certificate is in a foreign language, a litted.)
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Attached is an original certificate of existence, no more than 90 daturisdiction under the law of which it is organized. (A photocopy slation of the certificate under oath of the translator must be submined to business or purposes to be conducted or CTS employee payroll services.	is not acceptable. If the certificate is in a foreign language, a litted) promoted in Florida: norized representative of a member.
Attached is an original certificate of existence, no more than 90 da jurisdiction under the law of which it is organized. (A photocopy slation of the certificate under oath of the translator must be subm. Nature of business or purposes to be conducted or CTS employee payroll services. Signature of a member or an auth	is not acceptable. If the certificate is in a foreign language, a litted) promoted in Florida: prorized representative of a member. to the execution of this document constitutes

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liabil	ity Company is:	
Cardinal Health	Resources, LLC		
2. The name a	and the Florida street	t address of the registered agent and office are:	
	Corporation Service Company		
		(Name)	
	1201 Hays Street		
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	

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 608, Florida Statutes.

Corporation Service Company

By:

(Signature)

Troy Todd
as its agent

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH RESOURCES, 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. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDINAL HEALTH RESOURCES, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2006.

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

TAYS OF THE PARTY OF THE PARTY

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5319821

DATE: 01-02-07

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