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SECRETARY OF STATE
ALL AHASSEF, FLORID.

J. BRYAN

MAY -1.2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Lilly USA, LLC		
	Limited Liability Company)	
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check a liability company to transact business in Florida.	are submitted to register the above refere	
Please return all correspondence concerning the	his matter to the following:	
Sherry L. Black		
	(Name of Person)	SECR
Eli Lilly and Company		
Lilly Corporate Center	(Firm/Company)	FILED O9 APR 30 PH 3: 54 SECRETARY OF STATE SECRE
	(Address)	ORIDA ATE
Indianapolis, IN 46285		
(Ci	ty/State and Zip Code)	
For further information concerning this matter	r, plcase call:	
Sherry L. Blac	at (317) 276-1774 (Area Code & Daytime Teleph	
(Name of Person)	(Area Code & Daytime Teleph	none Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: [7]\$125.00 Filing Fee		Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Lilly USA, LLC	
(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 and attach a copy of the wriconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	itten
_{2.} Indiana _{3.} 26-3011712	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. O7/15/2008 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	ı
7. Lilly Corporate Center	4 128
Indianapolis, IN 46285	7
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here	<u> </u>
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
SEE ATTACHED	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	sin
11. Nature of business or purposes to be conducted or promoted in Florida: Marketing of Life Science Products	
- A-BAC	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	

James B. Lootens, Assistant Secretary

Typed or printed name of signee

Lilly USA, LLC

Managers

John E. Bailey Lilly Corporate Center Indianapolis, IN 46285

Robert B. Brown Lilly Corporate Center Indianapolis, IN 46285

Enrique A. Conterno Lilly Corporate Center Indianapolis, IN 46285

Jack Harris Lilly Corporate Center Indianapolis, IN 46285

Joseph B. Kelley Lilly Corporate Center Indianapolis, IN 46285



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.

1. The name of the Limited Liability Company is:		
Lilly USA, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	FALS SE	2
NRAI Services, Inc.	CRE	3 3 - Th
(Name)	RETARY AHASSE	
2731 Executive Park Dr., Suite 4		2 111
Florida Street Address (P.O. Box NOT ACCEPTABLE)	T 3: 34 STATE FLORID	
Weston, 33331 FL 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.

Ju Probst Asst. Secretary
Sin Probst

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

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

LILLY USA, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 15, 2008, and was in existence or authorized to transact business in the State of Indiana on March 25, 2009.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the scal of the State of Indiana, at the city of Indianapolis, this Twenty-Fifth Day of March, 2009.

TODD ROKITA, Secretary of State

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