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T. HAMPTON

JUL 14 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAVITUS HEALTH SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

STEPHEN A. LARIVIERE
Name of Person

NAVITUS HEALTH SOLUTIONS, LLC
Firm/Company

2601 W. Beltline Hwy, SUITE 600
Address

MADISON WI. 53713
City/State and Zip Code

Steve.lariviere@navitus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen A. Lariviere at (920) 225-7003
Name of Person Area Code & Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



July 11, 2011

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

RE: Foreign LLC License Application--Navitus Health Solutions, LLC.

Dear Florida Secretary of State:

Please be advised that the following are enclosed to support the Application for Certificate of Authorization to Transact Business as a Foreign LLC:

1. Completed Application for Certificate of Authority in Florida as a Foreign LLC. with attachment.
2. Cover Letter Form
3. Filing Fees: \$130.00 made out to the SECRETARY OF STATE-Florida
 - a. Filing Fee--\$100.00
 - b. Designation of Registered Agent Fee--\$25.00
 - c. Certificate of Status Fee--\$5.00
4. Certificate of Existence from the State of Wisconsin
5. Certificate of Designation of Registered Agent/Office-signed by registered agent representative(CT CORP)

Please feel free to let me know if you have any questions or if I can be of further assistance to you.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Stephen A. Lariviere'.

Stephen A. Lariviere

Associate Director of Regulatory Compliance and Audit

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

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

1. NAVETUS HEALTH SOLUTIONS 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. WISCONSIN 3. 04-3608530
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/17/2003 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 9/1/11 (estimated)
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2601 West Bellvue Hwy. Suite 600
MADISON, WI 53713
(Street Address of Principal Office)

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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 records in 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Pharmacy Benefits Management

Stephen A. Lefebvre
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. I am aware that any 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.)

Stephen A. Lefebvre
Typed or printed name of signee

DIRECTOR (existing)	Position	Address	City	State	Zip
Mark Covalesski M.D.	Board Member	1808 West Beltline Highway	Madison	WI	53713-2334
Ralph Kauten	Board Member	505 S. Sosa Rd	Madison	WI	53719-1262
David Sorber M.D.	Board Member	9 Canvasback Circle	Madison	WI	53717-1808
Jeffrey Stitgen M.D.	Board Member	1912 Atwood Ave.	Madison	WI	53704-5461
Charlie Johnson	Board Member	707 S. Mills St.	Madison	WI	53715-1849
Jeff Masciopinto, M.D.	Board Member	27 Bayside Dr.	Madison	WI	53704
EXECUTIVE TEAM	Position	Address	City	State	Zip
Terry Seligman	President	4750 Settlers Court	Medina	MN	55340
Peter Beste	CFO/SVP	3808 Swoboda Rd	Verona	WI	53593
Byron Mickle	SVP Sales and Marketing	516 Vanderbilt Dr	Waunakee	WI	53597
Alan Van Amber	VP Network Administration	1713 Sunrise Court	Burnsville	MN	55306
Deborah Ludka	SVP Customer Operations	1035 S. Violet Lane	Appleton	WI	54914
Loren Lentz	CIO/VP	E9696 State Rd 23	Reedsburg	WI	53959
Thomas Pabich	VP Business Development	5 Kingswood Circle	Verona	WI	53593
Brent Eberte	VP-Formulary and Industry Relations	6463 Harvest Moon Ct.	Waunakee	WI	53597-9045

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**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:

NAVITUS HEALTH SOLUTIONS LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT CORPORATION SYSTEM
(Name)

1200 SOUTH PINE ISLAND Rd.
Florida Street Address (P.O. Box NOT ACCEPTABLE)

PANAMA, FL 33324 (Law City)
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.

Katy Sudd
(Signature)

\$ 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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DIVISION OF CORPORATIONS

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

NAVITUS HEALTH SOLUTIONS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 31, 2002.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 11, 2011.

A handwritten signature in black ink, appearing to be 'Ray Allen'.

RAY ALLEN, Deputy Secretary
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: **94247-5326184C**