

M12000000051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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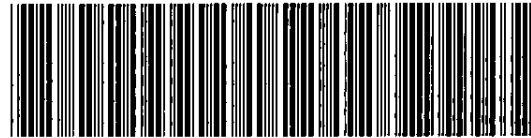
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN -4 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN - 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Therapeutics Specialty Pharmacy 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:

Katie Brandel, Contractor Compliance

Name of Person

Prime Therapeutics LLC

Firm/Company

1305 Corporate Center Drive

Address

Eagan, MN 55121

City/State and Zip Code

kbrandel@primetherapeutics.com

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

For further information concerning this matter, please call:

Katie Brandel

Name of Person

at (612)

777-5451

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2011

KATIE BRANDEL, CONTRACTOR COMPLIANCE
PRIME THERAPEUTICS LLC
1305 CORPORATE CENTER DRIVE
EAGAN, MN 55121

SUBJECT: PRIME THERAPEUTICS SPECIALTY PHARMACY LLC
Ref. Number: W11000063598

We have received your document for PRIME THERAPEUTICS SPECIALTY PHARMACY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 411A00028542

**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:

1. Prime Therapeutics Specialty Pharmacy LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 90-0777186

(FEI number, if applicable)

4. 10/14/2011

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A

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

7. _____

1305 Corporate Center Drive Eagan, MN 55121

(Street Address of Principal Office)

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:

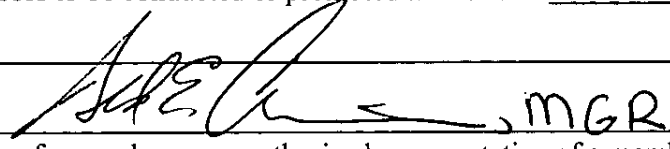
1305 Corporate Center Drive

(see attached)

Eagan, MN 55121

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: Mail order pharmacy


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.)

Don Amorosi, MGR

Typed or printed name of signee

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12 JAN -4 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1305 Corporate Center Dr.
Eagan, MN 55121

www.primetherapeutics.com

OFFICERS

NAME Corbin, Andrew C.
BUSINESS 1305 Corporate Center Dr.
Eagan, MN 55121
612-777-4000

TITLE Chairman of the Board, MGR
HOME 6337 SW Hodges Rd.
Auburn, KS 66542
785-221-8880

NAME Elliott, Eric S.
BUSINESS 1305 Corporate Center Dr.
Eagan, MN 55121
612-777-4000

TITLE President & Chief Executive Officer, MGR
HOME 3004 Northview Rd.
Minnetonka Beach, MN 55361
651-283-7684

NAME Roehrick, Charles T.
BUSINESS 1305 Corporate Center Dr.
Eagan, MN 55121
612-777-4000

TITLE Chief Financial Officer, MGR
HOME 6963 Woodland Dr.
Eden Prairie, MN 55346
651-788-3714

NAME Rodriguez, Aaron M.
BUSINESS 1305 Corporate Center Dr.
Eagan, MN 55121
612-777-4000

TITLE Secretary, General Counsel, MGR
HOME 16815 23rd Ave. N.
651-341-6282
Plymouth, MN 55447

NAME Yordy, Matthew S.
BUSINESS 1305 Corporate Center Dr.
Eagan, MN 55121
612-777-4000

TITLE Senior VP, Business Development, MGR
HOME 17422 Summer Place Dr.
Cornelius, NC 28031
651-503-7034

NAME Olig, Cameron J.
BUSINESS 1305 Corporate Center Dr.
Eagan, MN 55121
612-777-4000

TITLE Senior Vice President, Client Services, MGR
HOME 12212 Westridge Ln.
Minnetonka, MN 55305
651-332-1483

NAME	Chase, Jacqueline A.	TITLE	Senior VP, Human Resources, MGR
BUSINESS	1305 Corporate Center Dr. Eagan, MN 55121 612-777-4000	HOME	2165 Charlton Rd. Sunfish Lake, MN 55118 651434-0668

NAME	Amorosi, Donald E.	TITLE	Chief Operating Officer, MGR
BUSINESS	1305 Corporate Center Dr. Eagan, MN 55121 612-777-4000	HOME	6440 Tanagus Pt. Excelsior, MN 55331 651-728-1551

NAME	Barnes, Duane H.	TITLE	Senior VP, Consumer Delivery, MGR
BUSINESS	1305 Corporate Center Dr. Eagan, MN 55121 612-777-4000	HOME	14 Summer Hill Dr. Sinking Spring, PA 19608 651-728-1552

NAME	Wickersham, Peter J.	TITLE	Senior VP, Cost of Care, MGR
BUSINESS	1305 Corporate Center Dr. Eagan, MN 55121 612-777-4000	HOME	8280 Market Blvd. #3302 Chanhassen, MN 55317 651-728-1553

**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:

Prime Therapeutics Specialty Pharmacy 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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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TALLAHASSEE, FLORIDA

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.

Rosemarie Gagliardino
(Signature)

Rosemarie Gagliardino
Assistant VP

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

Delaware

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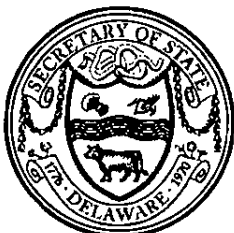
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME THERAPEUTICS SPECIALTY PHARMACY 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 THIRTEENTH DAY OF DECEMBER, A.D. 2011.

5052167 8300

111276850

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9223136

DATE: 12-13-11