

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:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

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PAGE 01/05

Foreign Limited Liability Company Medco Research Institute, L.L.C.

| Certificate of Status | 0 |
|-----------------------|----------|
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Corporate Filing Menu

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EXAMINER

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CT CORPORATION

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|------------|---|--------------------------|-------------|--------|
| SUBJE | Medea Research Institute, L.L.C. | | | |
| Ger tad to | Name of Limited Liability Company | | | |
| Existen | closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florids," ce, and check are submitted to register the above referenced foreign limited liability company to transact busine column all correspondence concerning this matter to the following: | Certificat oss in Flo | oof rida | |
| | ALists A. Wisto - Assistant Secretary | | | |
| | Name of Person | | | |
| | Medco Health Services, Inc. | | | |
| | Firm/Company | | | |
| | 100 Parsons Food Drive | | | |
| | Address | | | |
| | Franklin Lakes, NJ 07417 | | | |
| | City/State and Zip Code | | | |
| | alisa_wisso@medco.com | | | |
| | H-mail address: (to be used for future annual report notification) | | | |
| For furth | ux information concerning this matter, please call: | | | |
| | ALīsa A. Wisse - Ansistant Secretary 201 209-5226 | | | |
| | Name of Person Area Code & Daytime Telephone Number | | | |
| 1 | MAULING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Bxcounive Center Circle Tallahassee, FL 32301 | SEC. 5.11 (| 12 MAY -2 | E E |
| Enclose | sd is a check for the following amount: \$125.00 Filing Fee & S130.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy Of Status & Certified Copy | FLUXIDA | 桥 9:58 | p is a |

PLOS? - 10/03/2010 C Tilyrine Cultur

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name univoluous, enter atternate name adopted for the p sent of the managers or managing members adopting the npany," "L.L.C," "LLC.") | surpose of transacting business in Florida and attach a copy of to alternate name. The alternate name must include "Limited Lin | be writter bility |
|---|--|----------------------|
| Delaware | 3, 45-3631137 | |
| Jurisdiction under the law of which foreign limited liabil company is organized) | lify (PEI number, if applicable) | |
| November 2, 2009 | 5. Perpetual | |
| (Date of Organization) | (Duration: Year limited liability company will cease t exist or "perpetual") | ō . |
| Date but transacted hysiness i | u Florida, if prior to registration.) | |
| (See sections 608.501 & 608.502 | F.S. to determine penalty liability) | |
| 100 Parsons Pond Drive | | . |
| Pranklin Lakes, NJ 07417 | · • | |
| (Street Add | ress of Principal Office) | _ |
| If limited liability company is a manager-mana. The name and usual business addresses of the distributions. | | |
| If limited liability company is a manager-mana, The name and usual business addresses of the n Jeffrey L. Hall - One Express Way, St. Louis, MO 6312 | managing members or managers are as follows: | _ |
| The name and usual business addresses of the n Jeffrey L. Hall - One Express Way, St. Louis, MO 6312 Attached is an original certificate of existence, no more than | nanaging members or managers are as follows: 1 190 days old, duly authenticated by the official having custody of except is not neceptable. If the certificate is in a foreign language, is | |
| The name and usual business addresses of the n Jeffrey L. Hall - One Express Way, St. Louis, MO 6312 Attached is an original certificate of existence, no more than jurisdiction under the law of which it is organized. (A photo | nanaging members or managers are as follows: 1 190 days old, duly authenticated by the official having castody of except is not acceptable. If the certificate is in a foreign language, a submitted.) | |
| The name and usual business addresses of the n Jeffrey L. Hall - One Express Way, St. Louis, MO 6312 Attached is an original certificate of existence, no more than jurisdiction under the law of which it is organized. (A photo station of the certificate under outh of the translator must be | nanaging members or managers are as follows: 1 190 days old duly authenticated by the official having custody of copy is not acceptable. If the certificate is in a foreign language, a submitted) d or promoted in Florida: | |
| The name and usual business addresses of the n Jeffrey L. Hall - One Express Way, St. Louis, MO 6312 Attached is an original certificate of existence, no more than jurisdiction under the law of which it is organized. (A photo station of the certificate under outh of the translator must be: Nature of business or purposes to be conducted. Engage in research and developement supporting the phase | nanaging members or managers are as follows: 1 190 days old duly authenticated by the official having castody of except is not acceptable. If the certificate is in a foreign language, a submitted) d or promoted in Florida: | exacts in 12 MAY |
| The name and usual business addresses of the n Jeffrey L. Hall - One Express Way, St. Louis, MO 6312 Attached is an original certificate of existence, no more than jurisdiction under the law of which it is organized. (A photo station of the certificate under outh of the translator must be: Nature of business or purposes to be conducted. Engage in research and developement supporting the plant Signature of a member or an (In accordance with section 604, 408(3), F.S., the operations of perjury that the facts stated herein an | nanaging members or managers are as follows: 190 days old duly authenticated by the official having exactly of except is not acceptable. If the certificate is in a foreign language, a submitted) d or promoted in Florida: macculical industry Duly authorized representative of a member. accountion of this document constitutes an affirmation under the control. I am aware that any false information submitted in a futers a third dogree felony as provided for in s.817.155, F.S.) | 12 |

CT CORPORATION

FLOST - 10/05/2010 C T Symets Caline

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.

| If unavailab | ole, the alternate to be used | in the state of Florida is: | | | |
|--|---|--|---|-------|--------------|
| 2. The nam | e and the Florida street add | iress of the registered agent and office are: | | | |
| | C T Corporation System | | | | |
| | | (Namo) | PS | 72 | |
| | 1200 South Pine Island Ros | ad | | 12 HM | cerr' |
| | Florida Stree | Address (P.O. Box <u>NOT</u> ACCEPTABLE) | - :: | 2 | #### #### |
| | Plantation | FL 33324 | _ K. |) im | |
| | | City/State/Zip | - | တ္ | İmo |
| liability compagent and ag relating to th | pany at the place designated tree to act in this capacity. The proper and complete perf | and to accept service of process for the above s d in this certificate, I hereby accept the appoint I further agree to comply with the provisions of formance of my duttes, and I am familiar with a agent as provided for in Chapter 608, Florida S | ment as registere Fall statutes nd accept the | 85 | |

Sandra Ortega
Signature) Assistant Secretary

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

FL057 - 1005/2010 C T System Online

C T Corporation System

By:

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MEDCO RESEARCH INSTITUTE, L.L.C."

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 MAY, A.D. 2012.

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

12 MAY -2 AM 9: 58

4748824 8300

120499178

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

AUTHENTY CATION: 9544148

DATE: 05-02-12