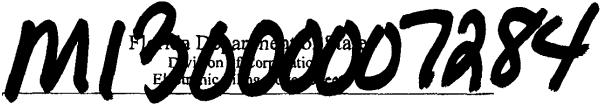
Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)222-1092 : (850)878-5368

annual report mailings. Enter only one email address please.**

Foreign Limited Liability Company Praxis Specialty Pharmacy, LLC

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		COVER	LETTER	• .			
TO: Registration 8 Division of C							
SUBJECT: PRA	KIS Spec	FACTY P	CHARMACY Liability Company	LLC			
The enclosed "Applica	tion by Foreign Limits	d Liability Company	for Authorization t	o Transpot Busins	es in Florida." Ce	wiificate of	
Existence, and check a	re submitted to registe	the above reference	d foreign limited lis	bility company to	transact business	in Florida.	
Please return all corres	pondence concerning t	his matter to the foll	owing:				
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P.O. Box 632	7	Clifton Buil	ding				
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□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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[] \$125.00 Piling Fee Certificate of Status

I DANGE I	Busines	S IN FLORIDA	CAUTHORIZATION	10
IN COMPLIANCE WITH SECTION 608503, FLORIDA STA LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS II	UUTES, TI. NTHB SIA	IK FOLLOWING IS SUBM TROPFLORIDA:	ALTED TO REGISTER A F	OREGON
1. PRAYES CONTRACTO DUNG	ا مومورسو	1-1-6		
(Name of Foreign Limited Liability Company; most	include "Li	ntited Liability Company,	"LL.C.," or "LLC.")	
	_	•		
(If name unavailable, enter alternate name adopted for the p	erpose of tr	musecting business in Flor	ida and attach a copy of the	written
consent of the managers or managing members adopting the Company," "L.L.C," "LLC.")	aliemate n	ame, The alternate name r	oust include "Limited Liabil .	ity
2. Julisdiction under the law of which foreign limited liability	3	35-248818 (FEI number, if	7	_
(Julifediction under the law of which foreign limited light) company is organized)	ity	(PEI number, if	applicable)	-
4. 5/01/2013	5	PERDETUAL.	• .	
(Date of Organization)	ı . T (I	oration: Year limited lish	ility company will cause to	-
41/4	• •	no berherum)		
(Date first transacted business i	n Plonda, i	f prior to registration.)		-
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8. If limited liability company is a manager-mana	ged comp	any, check here 🔟	A Sold	Brass
9. The name and usual business addresses of the r	: manaoina	members or manager	s are as follows:	ထ
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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.

f unavallable, 1	the alternate to be u	ised in the state of Florid	a is:	
. The name as	nd the Florida street	t address of the registered	d agent and office are:	~~ 63
		C T Corporation Syst	iem ·	
		(Name) 1200 South Pinh Island	Road	2013 NOV 18
	Florida	a Street Address (P.O. Box N	OT ACCEPTABLE)	
	Plentation	. ; . स.	33324	10: 5
		City/State/Zi	P	_ 55
		igent and to accept servic	e of process for the abov I hereby accept the appo	
iability compar registered agen statutes relating accept the oblig	ny at the place desig t and agree to act th g to the proper and a	mated in this certificate, in this capacity. I further complete performance of on as registered agent as	agree to comply with the my duties, and I am fami	provisions of all liar with and
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\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRAXIS SPECIALTY PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF NOVEMBER, A.D. 2013.

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

5327892 8300

131310883

DATE: 11-14-13