

M14000000 169

(Requestor's Name)

(Address)

(Address)

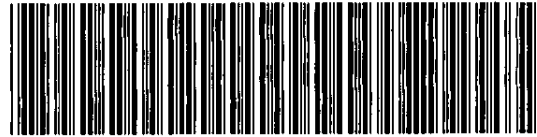
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



100245558061

M14-169

FILED  
13 DEC-17 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DUPLICATE FILING; SEE DOCUMENT #M14000000212  
Pursuant to conversation with Jeanna Leslie on 06/30/14  
it was determined to keep #M14000000212 as the existing entity,  
as the 2014 annual report was filed for it and business is  
transacted using that document number;  
MMilligan

8/C

JAN 10 2014  
N. CAUSSEAU

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lumicera Health Services, 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:

Alyse Hutchinson

Name of Person

Navitus Health Solutions

Firm/Company

1025 West Navitus Drive

Address

Appleton, WI 54913

City/State and Zip Code

alyse.hutchinson@navitus.com

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

For further information concerning this matter, please call:

Alyse Hutchinson at 920 221-4003

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



P.O. Box 999  
Appleton, Wisconsin 54912-0999  
tel (toll-free) 866.333.2757  
tel (main) 920.225.7010  
www.navitus.com

RECEIVED

14 JAN -9 AM 6:56

FAX COVER SHEET

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date: 01/08/14

Pages: 7  
(including cover sheet)

TO:

Name: Nanette

Company: Florida Secretary of State, Division of Corporations

Fax: 850-245-8030

Telephone: 850-245-6918

FROM:

Name: Traci Aschenbrener

Fax: 920-221-4611

Telephone: 920-221-4111

Regarding:

Nanette,

Per our phone conversation today, I am re-submitting the application for the Authority to do Business as a Foreign LLC for Lumicera Health Services, LLC, via this fax. Per your request, I have also included a copy of the check we sent you with our original application, which is noted on the back as having been received by your department on 12/17/13.

If additional information is needed, please call me at 920-221-4111. If I am not available, please contact Alyse Hutchinson at 920-221-4003.

Thank you,

Traci Aschenbrener

The information in this fax message is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately at the telephone number listed above. Thank you.

**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. Lumicera Health Services, 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

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

3. 46-3456658

(FEI number, if applicable)

4. 08/16/2013

(Date of Organization)

5. Perpetual

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

6. 02/01/2014

(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 Beltline Highway, Suite 302

Madison, WI 53713

(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:

Deborah Ludka, Peter Beste, Terry Seligman, Byron Mickle, and Thomas Pabich

2601 West Beltline Highway, Suite 600, Madison WI 53713 (for all five people)

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: Specialty Pharmacy

Deborah Ludka

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.817.135, F.S.)

Deborah Ludka

Typed or printed name of signee

FILED  
13 DEC 17 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**Lumicera Health Services, 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**

(Name)

**1200 Pine Island Road**

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

**Plantation**

FL

**33324**

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.*



Assistant Secretary

(Signature)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 Dec 17 AM 9:30

FILED

DOM NEW  
180 181 185  
2011

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



13 Dec 17 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

To All to Whom These Present Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

LUMICERA HEALTH SERVICES, 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 August 16, 2013.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats.; and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on November 18, 2013.

*George Petak*

GEORGE PETAK, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

BY: *P. Weber*

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.