

#M14000000273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100254919511

100254919511
12/26/13--01033--016 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN -2 PM 3:11

FILED

K. SALLY
EXAMINER
JAN 15 2014

December 23, 2013

VIA FEDEX

Florida Department of State
Division of Corporations-Amendment &
Registration Sections
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir/Madam:

StoneRiver Pharmacy Solutions, Inc., a Delaware corporation, has converted into a Delaware limited liability company. Enclosed for filing are the following documents to update the qualification of StoneRiver Pharmacy Solutions in your state:

1. Duplicate originals of an Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for StoneRiver Pharmacy Solutions, Inc.
2. Duplicate originals of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for StoneRiver Pharmacy Solutions, LLC.
3. A check in the amount of \$160.00 to cover the filing fees.

Once these documents have been filed, please arrange to have evidence of the filings returned to me using the envelope provided. Thank you for your attention to this matter. Should you require anything further, please feel free to call me toll-free at (877) 455-2900.

Very truly yours,

GODFREY & KAHN, S.C.



Brenda L. Lindsay
Paralegal

BLL:pab
Enclosures

cc: Julia Jensen
John Beneivenga
Debra S. Koenig
Janell Bohn

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: StoneRiver Pharmacy 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:

Brenda Lindsay, Paralegal

Name of Person

Godfrey & Kahn, S.C.

Firm/Company

780 North Water Street

Address

Milwaukee, WI 53202

City/State and Zip Code

jbencivenga@pmsionline.com

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

For further information concerning this matter, please call:

Brenda Lindsay

414

273-3500

at (_____) _____

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

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. StoneRiver Pharmacy 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. Delaware

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

3. 62-1770924

(FEI number, if applicable)

4. 02/17/1999

(Date of Organization)

5. perpetual

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

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

7. 2650 Thousand Oaks Blvd., Suite 1400

Memphis, TN 38118

(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:

Henry Mannix III, 320 Park Avenue, 24th Floor, New York, NY 10036

Nicolas D. Zerbib, 20 Horseneck Lane, Greenwich, CT 06830

FILED
2014 JAN -2 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____
Workers' Compensation Prescription Processing

Julia A. Jensen
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.)

Julia A. Jensen, Secretary

Typed or printed name of signee

**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:

StoneRiver Pharmacy 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:

CORPORATION SERVICE COMPANY

(Name)

1201 HAYS STREET

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

TALLAHASSEE

FL

32301-2525

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.

CORPORATION SERVICE COMPANY

By

Connie Wood

(Signature)

Connie J. Wood, 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)

FILED
2014 JAN -2 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "STONERIVER PHARMACY SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SEVENTEENTH DAY OF FEBRUARY, A.D. 1999, AT 4:30 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TENTH DAY OF MARCH, A.D. 1999, AT 2:30 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "TPS ACQUISITIONS, INC." TO "THIRD PARTY SOLUTIONS, INC.", FILED THE NINETEENTH DAY OF APRIL, A.D. 1999, AT 3 O'CLOCK P.M.

CERTIFICATE OF OWNERSHIP, FILED THE THIRTIETH DAY OF DECEMBER, A.D. 2003, AT 2:40 O'CLOCK P.M.

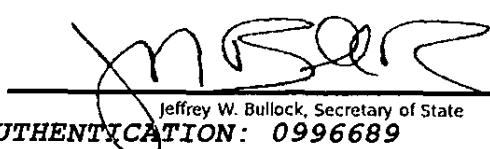
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2003, AT 11:59 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE SIXTH

3006122 8310

131445330




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0996689

DATE: 12-18-13

Delaware

PAGE 2

The First State

DAY OF MAY, A.D. 2004, AT 9:13 O'CLOCK A.M.

CERTIFICATE OF OWNERSHIP, FILED THE THIRTY-FIRST DAY OF
AUGUST, A.D. 2007, AT 12:55 O'CLOCK P.M.

CERTIFICATE OF AGREEMENT OF MERGER, FILED THE TWENTY-SEVENTH
DAY OF DECEMBER, A.D. 2007, AT 1:52 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF AGREEMENT OF MERGER IS THE
THIRTY-FIRST DAY OF DECEMBER, A.D. 2007, AT 11:59 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "THIRD
PARTY SOLUTIONS, INC." TO "STONERIVER PHARMACY SOLUTIONS, INC.",
FILED THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2009, AT 3:13
O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF AMENDMENT IS THE SECOND DAY OF
MARCH, A.D. 2009.

CERTIFICATE OF OWNERSHIP, FILED THE TWENTY-NINTH DAY OF
MARCH, A.D. 2010, AT 3:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE THIRTY-FIRST DAY
OF MARCH, A.D. 2010, AT 11:59 O'CLOCK P.M.



3006122 8310

131445330

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0996689

DATE: 12-18-13

Delaware

PAGE 3

The First State

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM
"STONERIVER PHARMACY SOLUTIONS, INC." TO "STONERIVER PHARMACY
SOLUTIONS, LLC", FILED THE TWENTY-FIRST DAY OF OCTOBER, A.D.
2013, AT 12:14 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF CONVERSION IS THE TWENTY-SECOND DAY
OF OCTOBER, A.D. 2013, AT 9:40 O'CLOCK A.M.

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIRST DAY OF
OCTOBER, A.D. 2013, AT 12:14 O'CLOCK P.M.

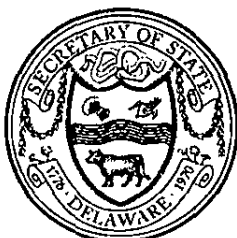
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF FORMATION IS THE TWENTY-SECOND DAY
OF OCTOBER, A.D. 2013, AT 9:40 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY, "STONERIVER PHARMACY
SOLUTIONS, LLC".


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

3006122 8310

131445330



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0996689

DATE: 12-18-13