Department of State

Division of Corporations Electronic Filing Cover Sheet

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Corporate Filing Menu

Help

JAN 2 B 2014

T. BROWN

COVER LETTER

	intion Section Ion of Corporations			
SUBJECT: 1	Kinray, LLC			,
_		Name of Lis	nited Liability Company	· · · · · · · · · · · · · · · · · ·
The enclosed 'Bxistence, and	'Application by Porei check are submitted	gn Limited Liability Con to register the above refe	npany for Anthorization to T renoed foreign limited liabil	ransact Business in Florida," Certificate Ity company to transact business in Flori
Pienso rotura s	ili correspondence cor	ncerning this matter to th	e following:	
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	Cardinal Heal	<u>h</u>		·
		P	irm/Company	
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	-		Address	
	Dublin, OH 43	017		
		City/S	Into and Zip Code	
		o@cardinalhealth.		
	H	inal address: (to be use	d for fixure annual report no	diffication)
For further inf	brmation concerning t	his matter, piease call:		
Nad	ia Poliandro		at (614) 757-	5382
,	Name of	Person		lme Telephone Number
Divis Rogis	LING ADDRESS: log of Corporations tration Section Box 6327	Divisio Regist	ET ADDRESS; on of Carporations ration Section a Building	
Tailei	hasseo, FL 32314	2661 E	kecutive Center Circle assec, FL 32301	
	a check for the fol 25,00 Filing Fee C	lowing amount: 1\$130.00 Filing Fee & Cartificate of Status	□\$155.00 Filing Fee & Certified Copy	□\$160.00 Filing Fee, Certificate of Status & Certified Copy

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January 22, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

SUBJECT: KINRAY, LLC REF: W14000004044

Please retain original filing date of submission

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C., " and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is F07000002736.

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) 245-6051.

Tim Burch Regulatory Specialist II

FAX Aud. #: H14000015990 Letter Number: 314A00001384

巴건

P.O BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Kinray, LLC (Name of Foreign Limited Linbility Company; nust 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. New York (Jurisdiction under the law of which foreign limited liability company is organized) (PBI number, if applicable) 4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 7000 Cardinal Place **Dublin, OH 43017** (Street Address of Principal Office) 6, 7000 Cardinal Place **Dublin, OH 43017** (Malling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Sam Samad - Senior Vice President & Treasurer Matihew Blake - Assistant Treasurer 8. 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 rifust be submitted.)

(In accordance with section 605.0203, P.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 follows as provided for in \$.817.155, P.S.)

Signature of an authorized person

Sam Samad

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Kinray, LLC			
If unavailable, th	e alternate to be used i	n the state of Florida is:	
2. The name and	the Florida street addi	ress of the registered agent and office are:	
,	CT Corporation System	em	
•		(Name)	
	1200 South Pine Isla	and Road	
•	Florida Stree	Address (P.O. Box NOT ACCEPTABLE)	
	Diantation	_{PL} 33324	
	Plantation	PL OOGS	

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 605, Florida Statutes.

Renee Cruz, Asst. Secretary

(Signalups)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certifiente of Status (optional)

State of New York Department of State | Stat

I hereby certify, that KINRAY MERGER CO., LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/30/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment KINRAY MERGER CO., LLC, changing its name to KINRAY, LLC, was filed 01/02/2014.



201401030115 * 07

Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of January two thousand and fourteen.

Anthony Giardina

Executive Deputy Secretary of State