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HATSION OF COMPRESSION

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SECRETARY OF STATE

JAN 2 0 2015

T. HAMPTON

ACCOUNT NO. : I2000000195				
REFERENCE : 463149 4392992				
AUTHORIZATION: Spelle Remain				
COST LIMIT : \$125.00				
ORDER DATE : January 15, 2015				
ORDER TIME : 9:59 AM				
ORDER NO. : 463149-005				
CUSTOMER NO: 4392992				
FOREIGN FILINGS				
NAME: MARCO HELIX LLC				
XXXX QUALIFICATION (TYPE: LL)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Courtney Williams EXT# 62935				
EXAMINER:				

. .

COVER LETTER

TO:	Registration Section Division of Corporation	15				
SUBJI	Macro Helix L	LC.				_
		Name of L	imited Liability Compan	у		-
					Fransact Business in Florida, lity company to transact busi	
Please	return all correspondence c	oncerning this matter to	o the following:			
	Karen Pi	ineda				
			Name of Person			
	c/o McK	esson Corp	oration			
			Firm/Company			
	One Pos	t Street				
			Address			
	San Fran	ncisco, CA 9	94104			
		C	ity/State and Zip Code			
	Karen.Pi	neda@McK	esson.com			
		E-mail address: (to be	used for future annual r	port noti	fication)	•
For fur	ther information concerning	this matter, please call	!:			
	Karen Pineda		415 at (983	3-8919	
	Name of	f Contact Person	Area Code	I	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations		REET ADDRESS: rision of Corporations			
	Registration Section P.O. Box 6327	•	gistration Section fton Building			
	Tallahassee, FL 32314	266	1 Executive Center Ci lahassee, FL 32301	rcle		
Enclo	sed is a check for the fo	ollowing amount				
	□ \$125.00 Filing Fee	□ \$130.00 Filing Fee Certificate of Status		_	□ \$160.00 Filing Fee, C of Status & Certified	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN I IMITED I LARII FLY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Macro Helix 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") _{3.} 45-5484976 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Nov 17, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) One Post Street San Francisco, CA 94104 (Street Address of Principal Office) same as principal office (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark Walchirk, President, One Post Street, San Francisco, CA 94104 Britt Vitalone, VP and Treasurer, One Post Street, San Francisco, CA 94104 Willie Bogan, VP and Secretary, One Post Street, San Francisco, CA 94104 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 must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I

Karen Pineda, Assistant Secretary

Typed or printed name of signee

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.)

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 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name Macro Helix L	of the Limited Liability C	Company is:	
	e, the alternate to be used i	in the state of Florida is:	
	· 		
2. The name	and the Florida street add	ress of the registered agent and office are:	
	Corporation Service Cor	mpany	
		(Name)	
	1201 Hays Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	32301 FL	
		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 605, Florida Statutes.

Corporation Service Company	Courtney Williams
Ву:	Asst. Vice President
(dignature)	

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

15 JAN 16 AM 10: 09
SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MACRO HELIX LLC" 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 SIXTEENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MACRO HELIX LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2012.

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

5167979 8300

150062114

Jeffrey W Bullock, Secretary of State

AUTHENT, CATION: 2045389

DATE: 01-16-15

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