

2017-06-06 09:16:58 CST

19542080845 From: Ranae M. Graw

DO NOT REJECT THIS FILING. PLEASE FILE SECOND WITH H17000151544 3 FILED FIRST

H1700004824

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170001515473)))



H170001515473ABC*

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company
Truven Health Analytics LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2017 JUN -6 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 JUN -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

DO NOT REJECT THIS FILING. PLEASE FILE SECOND WITH H17000151544 3 FILED FIRST

JUN 07 2017

Y SULKEF

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUVEN HEALTH ANALYTICS 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:

NANCY JOHNSON

Name of Person

IBM CORPORATION

Firm/Company

71 S. WACKER DRIVE, 7TH FLOOR

Address

CHICAGO, IL 60606

City/State and Zip Code

najohns@us.ibm.com

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

For further information concerning this matter, please call:

Nancy Johnson

at (312)

529-2929

Name of Contact 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 TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRUVEN HEALTH ANALYTICS 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.")
2. DELAWARE 3. 06-1467923
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. ONE NORTH DEARBORN, SUITE 1400, CHICAGO, IL 60602
(Street Address of Principal Office)
6. ONE NORTH DEARBORN, SUITE 1400, CHICAGO, IL 60602
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System Judith Argao
(Registered agent's signature) Vice President and Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MARIAN J. DILLON, ONE NEW ORCHARD ROAD, ARMONK, NY 10504 - Manager

COSMO L. NISTA, ONE NEW ORCHARD ROAD, ARMONK, NY 10504 - Manager

KEVIN J. REARDON, ONE NEW ORCHARD ROAD, ARMONK, NY 10504 - Manager

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Marian J. Dillon
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MARIAN J. DILLON, MANAGER

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUVEN HEALTH ANALYTICS 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 FIFTH DAY OF JUNE, A.D. 2017.

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



2688848 8300

SR# 20174589033

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

A handwritten signature of Jeffrey W. Bullock in black ink. Below the signature is a horizontal line, and below that, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202653633

Date: 06-05-17