

MI8000005721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

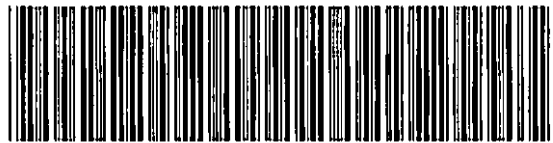
(Business Entity Name)

(Document Number)

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

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2018 JUN 15 AM 9:01  
CALIFORNIA

2018 JUN 15 AM 9:01

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JUN 19 2018  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BriovaRx, 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:

Frank Rowinski  
Name of Person

OptumRx  
Firm/Company

1600 McConnor Pkwy  
Address

Schaumburg, IL 60173  
City/State and Zip Code

frank.rowinski@optum.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Rowinski at ( 224 ) 231-1743  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2018

FRANK ROWINSKI  
1600 MCCONNOR PKWY  
SCHAUMBURG, IL 60173

SUBJECT: BRIOVARX, LLC  
Ref. Number: W18000049724

We have received your document for BRIOVARX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 318A00010906

RECEIVED  
JUN 15 2018

2018 JUN 15 AM 8:01  
TALLAHASSEE, FLORIDA

**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. BriorvaRx, 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. Alabama 3. 55-0824381  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Pending  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1600 McConnor Pkwy 6. 3539 Bluecoth Road  
(Street Address of Principal Office) (Mailing Address)  
Schaumburg, IL 60173 Columbus, MS 39705  
Attn: Frank Rowinski

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 fully qualified and accept the obligations of my position as registered agent.

By: C T Corporation System

(Registered agent's signature)

Jeanne Nelson  
Assistant Secretary

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>See Attached List</u>			

(Use attachments if necessary)

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)

10. 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.

Karen Peterson 5/18/2018  
Signature of an authorized person

Karen Peterson, Secretary  
Typed or printed name of signee

## LIST OF OFFICERS & MANAGERS

BriovaRx of Maine, Inc., a Maine corporation, is the Sole Member of BriovaRx LLC, an Alabama limited liability company

### **BriovaRx of Maine, Inc., a Maine corporation**

1600 McConnor Parkway  
Schaumburg, IL 60173-6801  
FEIN: 01-0516051

Edward A. Lagerstrom  
4426 West 52<sup>nd</sup> Street  
Edina, MN 55424  
Birth Date: 10/08/1965  
Telephone: 952-205-1121

President & CEO

Robert W. Oberrender  
4505 Moorland Ave.  
Edina, MN 55424  
Birth Date: 01/18/1960  
Telephone: 952-936-3123

Treasurer

Karen E. Peterson  
366 W. Seminary Ave.  
Wheaton, IL 60187  
Birth Date: 08/28/1971  
Telephone: 224-231-1833

Secretary

Kirsten C. Hines  
1600 McConnor Parkway  
Schaumburg, IL 60173-6801  
Birth Date: 01/06/1964  
Telephone: 224-231-1829

Assistant Secretary

David J. Oberg  
3476 Deep Waters Court  
Simi Valley, CA 93065  
Birth Date: 06/12/1965  
Telephone: 949-988-5893

Assistant Secretary

2012 JUN 15 AM 9:01  
FILED  
CLERK OF COURT  
JULIA A. HARRIS

Assistant Secretary

Director

Director

President &amp; CEO

Treasurer

Secretary

Assistant Secretary

2015 JUN 15 AM 5:01

David J. Oberg  
3476 Deep Waters Court  
Simi Valley, CA 93065  
Birth Date: 06/12/1965  
Telephone: 949-988-5893

Assistant Secretary

Heather A. Lang Jacobsen  
11382 Mount Curve Rd.  
Eden Prairie, MN 55347  
Birth Date: 03/17/1975  
Telephone: 952-936-1949

Assistant Secretary

Edward A. Lagerstrom  
4426 West 52<sup>nd</sup> Street  
Edina, MN 55424  
Birth Date: 10/08/1965  
Telephone: 952-205-1121

Manager/Director

Jeffrey D. Grosklags  
3233 Timberwolf Circle NW  
Prior Lake, MN 55372  
Birth Date: 04/07/1970  
Telephone: 952-205-1000

Manager/Director

FILED  
2016 JUN 15 AM 8:01  
FBI - MINNEAPOLIS

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that BriovaRx, LLC was formed in Jefferson County, Alabama on April 1, 2003. The Alabama Entity Identification number for this entity is 689-280. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180518000035798

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

05/18/2018

Date

A handwritten signature in black ink, appearing to read "J. H. Merrill".

John H. Merrill

Secretary of State