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O SIMMONS
FEB 28 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 647569 8016551

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : February 27, 2019

ORDER TIME : 9:51 AM

ORDER NO. : 647569-005

CUSTOMER NO: 8016551

FOREIGN FILINGS

NAME: ALEXANDER INFUSION, 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: Emily Croft -- EXT# 62925

EXAMINER: _____

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:

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19
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1. ALEXANDER INFUSION, 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. NY 3. 11-3391115
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not Applicable
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 75 NASSAU TERMINAL RD 6. 75 NASSAU TERMINAL RD
(Street Address of Principal Office) (Mailing Address)

NEW HYDE PARK, NEW YORK, 11040 NEW HYDE PARK, NEW YORK, 11040

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee , Florida 32301
(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.

Corporation Service Company
By: Emily Croft (Registered agent's signature) Emily Croft
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Manager** **Name and Address:** Name: Joseph Stanilewicz
 Member Address: 75 NASSAU TERMINAL RD
 Authorized NEW HYDE PARK, NY, 11040
 Person _____

Other _____ **Other** _____

Manager Name: _____

Member Address: _____

Authorized _____

Person: _____

Other _____ **Other** _____

Manager Name: _____

Member Address: _____

Authorized _____

Person: _____

Other _____ **Other** _____

Title or Capacity: **Manager** **Name and Address:** Name: Pietro Piacquadio
 Member Address: 75 NASSAU TERMINAL RD
 Authorized NEW HYDE PARK, NY, 11040
 Person _____

Other _____ **Other** _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ **Other** _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

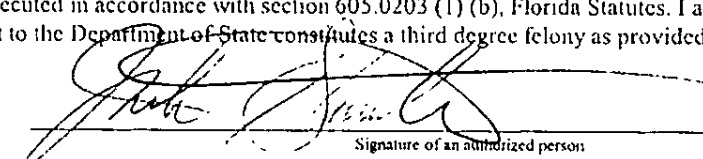
Other _____ **Other** _____

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 PALM BEACH, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



 Signature of an authorized person

JOSEPH STANILEWICZ

 Typed or printed name of signer

**State of New York
Department of State } ss:**

I hereby certify, that ALEXANDER INFUSION, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/21/1997, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 26th day of February
two thousand and nineteen.*

A handwritten signature in black ink, reading "Whitney Clark". The signature is written in a cursive style with a prominent initial "W".

Whitney Clark
Deputy Secretary of State