Division of Corporations 4/19/2019

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Division of Corporations

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Foreign Limited Liability Company BriovaRx Specialty, LLC

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

IN COMPILANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Briovally Specialty, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "I. I. C.," or "LLC.") (If name unavailable, onter alternate traine adopted for the purpose of nonauting himness in Florida. The alternate many much include "Limited Liability Company," "L.L.C." or "LLC.") o Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, it applicable) Upon Qualification (Date first transacted business in Florida, if pinor in registration.) (Sec sections 605 0904 & 605,0005, F.S. to determine penalty hability.) 1600 McConnor Parkway Same (Street Address of Principal Office) (Majling Address) Schaumburg, IL 60173-6801 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida 33324 (City) 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. -r Michele Miller, Asst. Secretary Bv: C T Corporation System (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Edward Andrew Lagerstrom MANAGER 11020 Optum Circle Eden Prairie, MN 55344 MANAGER Jeffrey David Grosklags 11020 Optum Circle MN 102-0800 Eden Prairie, MN 55344 (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. Signature of an authorized person

Typed or printed name of signor

Edward Andrew Lagerstrom



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

DELAWARE, DO HEREBY CERTIFY "BRIOVARY SPECIALTY, 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 NINETEENTH DAY OF APRIL, A.D. 2019.

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

Authentication: 202674405

Date: 04-19-19