

FM19000007255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

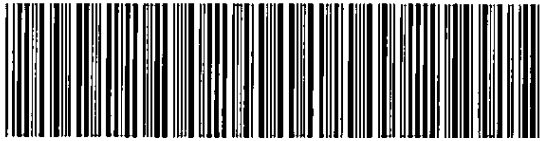
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Y SCOTT
JUL 30 2019



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

ACCOUNT NO. : I20000000195

REFERENCE : 863730 7185439

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : July 29, 2019

ORDER TIME : 2:39 PM

ORDER NO. : 863730-005

CUSTOMER NO: 7185439

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN FILINGS

NAME: VIZURI HEALTH SCIENCES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vizuri Health Sciences 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:

Jennifer Don

Name of Person

Cooley LLP

Firm/Company

11951 Freedom Drive, 15th Floor

Address

Reston, VA 20190

City/State and Zip Code

jdon@cooley.com

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

For further information concerning this matter, please call:

Jennifer Don

703

456-8621

Name of Contact Person

at ()

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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. Vizuri Health Sciences 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

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

5. 12500 Fair Lakes Circle
(Street Address of Principal Office)

Suite 450

Fairfax, VA 22033

6. _____
(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (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: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
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: **Name and Address:**
☒ Manager Name: William E. Peterson
☐ Member Address: c/o Vizuri Health Sciences LLC
☐ Authorized 12500 Fair Lakes Circle, Ste 450
Person Fairfax, VA 22033
☐ Other ☐ Other

☒ Manager Name: John Walker
☐ Member Address: c/o Vizuri Health Sciences LLC
☐ Authorized 12500 Fair Lakes Circle, Ste 450
Person Fairfax, VA 22033
☐ Other ☐ Other

☒ Manager Name: Charles A. Birbara
☐ Member Address: c/o Vizuri Health Sciences LLC
☐ Authorized 12500 Fair Lakes Circle, Ste 450
Person Fairfax, VA 22033
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Milton V. Peterson
☐ Member Address: c/o Vizuri Health Sciences LLC
☐ Authorized 12500 Fair Lakes Circle, Ste 450
Person Fairfax, VA 22033
☐ Other ☐ Other

☒ Manager Name: Thomas Byrne
☐ Member Address: c/o Vizuri Health Sciences LLC
☐ Authorized 12500 Fair Lakes Circle, Ste 450
Person Fairfax, VA 22033
☐ Other ☐ Other

☐ Manager Name: George W. Cox
☐ Member Address: c/o Vizuri Health Sciences LLC
☒ Authorized 12500 Fair Lakes Circle, Ste 450
Person Fairfax, VA 22033
☐ Other ☐ Other

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

George W. Cox, PhD, JD, Chief Legal Officer & Corporate Secretary

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIZURI HEALTH SCIENCES 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 TWENTY-NINTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIZURI HEALTH SCIENCES LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2010.

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

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2019 JUL 29 PM 4:43
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

4808759 8300

SR# 20196205991

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

Authentication: 203305033

Date: 07-29-19