

M20000011869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

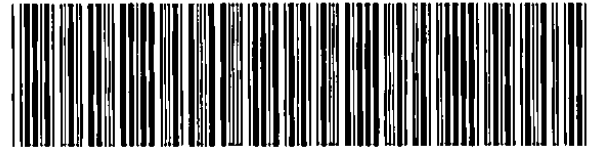
(Business Entity Name)

(Document Number)

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

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RECEIVED  
2020 DEC 23 PM 1:30  
OFFICE OF THE CLERK  
STATE OF CALIFORNIA

1 FILED  
2020 DEC 23 AM 11:14  
FILED  
CLERK OF THE COURT

DEC 23 2020

Brumley

# Sunshine State Corporate Compliance Company

3458<sup>th</sup> Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/23/2020

**\*\*WALK**

ENTITY NAME PHARMAKON SOLUTIONS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125.00 + *Whatever fees are for doing business 10+ years* ACCOUNT #: I20160000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Pharmakon Solutions, 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:

Beckie Northrop

Name of Person

Fredrikson & Byron, P.A.

Firm/Company

200 South Sixth Street, Suite 4000

Address

Minneapolis, MN 55402-1425

City/State and Zip Code

Accounting@Eldermark.com

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

For further information concerning this matter, please call:

Beckie Northrop

612

492-7757

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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. Pharmakon Solutions, 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. Minnesota 3. 20-2193308  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/17/2010  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 12400 Whitewater Drive, Suite 2010 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

Minnetonka, MN 55343

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 33324  
(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.*

C T Corporation System

By: Stephanie Hencz, Assistant Secretary

(Registered agent's signature)

*Stephanie Hencz*

200 DEC 23 6:11:14  
FBI

11-11-11

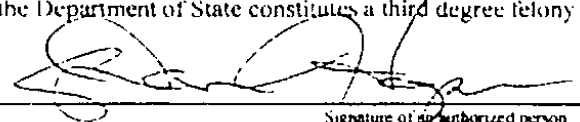
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Craig Patnode</u>	<input type="checkbox"/> Manager	Name: <u>Craig Patnode</u>
<input type="checkbox"/> Member	Address: <u>Suite 2010</u>	<input checked="" type="checkbox"/> Member	Address: <u>Suite 2010</u>
<input type="checkbox"/> Authorized	<u>12400 Whitewater Drive</u>	<input type="checkbox"/> Authorized	<u>12400 Whitewater Drive</u>
Person	<u>Minnetonka, MN 55343</u>	Person	<u>Minnetonka, MN 55343</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Osa Patnode Hoffman</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>Suite 2010</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>12400 Whitewater Drive</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Minnetonka, MN 55343</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Dan Hogan

\_\_\_\_\_  
Typed or printed name of signer

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Pharmakon Solutions, LLC
Date Filed:	01/05/2005
File Number:	1179419-2
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/22/2020



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota