

1/29/2021

Division of Corporations

**M21000001313**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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**Foreign Limited Liability Company**  
**Trilogy NuScriptRx, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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February 1, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CSC

SUBJECT: TRILOGY NUSCRIPTRX, LLC  
REF: W21000010277

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Yvette Scott  
Document Specialist II

FAX Aud. #: H21000040011  
Letter Number: 121A00002240

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trilogy NuScriptRx, 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.

Bradley A. Williamson

Name of Person

Trilogy NuScriptRx, LLC

Firm/Company

303 N. Hurstbourne Parkway, Suite 200

Address

Louisville, KY 40222

City/State and Zip Code

cindy.brown@trilogyhs.com

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

For further information concerning this matter, please call.

Cindy Brown

at ( 502 )

213-1723

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:

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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# 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. Trilogy NuScriptRx, 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. 82-1778580  
(FEI number, if applicable)

4. Will be post-registration  
(Date first transacted business in Florida, if prior to registration; see sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 303 N. Hurstbourne Parkway  
(Street Address of Principal Office)

6. 303 N. Hurstbourne Parkway  
(Mailing Address)

Suite 200

Suite 200

Louisville, KY 40222

Louisville, KY 40222

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: \_\_\_\_\_

(Registered agent's signature)

*Quanda E. Robinson*

(Signature of Registered Agent)

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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, Leigh Ann Barney  
☐ Member Address, 303 N. Hurstbourne Parkway  
☐ Authorized Suite 200  
Person Louisville, KY 40222  
☐ Other ☐ Other

☒ Manager Name, David W. Davis  
☐ Member Address, 303 N. Hurstbourne Parkway  
☐ Authorized Suite 200  
Person Louisville, KY 40222  
☐ Other ☐ Other

☐ Manager Name, \_\_\_\_\_  
☐ Member Address, \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name, W. Michael Bryant  
☐ Member Address, 303 N. Hurstbourne Parkway  
☐ Authorized Suite 200  
Person Louisville, KY 40222  
☐ Other ☐ Other

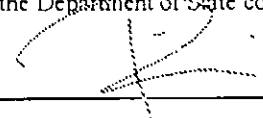
☒ Manager Name, Bradley A. Williamson  
☐ Member Address, 303 N. Hurstbourne Parkway  
☐ Authorized Suite 200  
Person Louisville, KY 40222  
☐ Other ☐ Other

☐ Manager Name, \_\_\_\_\_  
☐ Member Address, \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ 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.

Bradley A. Williamson, SVP, Treasurer and Assistant Secretary

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRILOGY NUSCRIPTRX, 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-EIGHTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRILOGY NUSCRIPTRX, LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 201

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

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DELAWARE, FL



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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202394474

Date: 01-28-21