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### **CT CORP**

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Name:	Supermai	n SpinCo, LLC	
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Thank you!

#### COVER LETTER

	iperman SpinCo, I				
SUBJECT:			Limited Liability C	Jombani.	
The enclosed "7 Existence, and c	Application by For theck are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza inced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certificate o company to transact business in Florid
Please return af	l correspondence o	concerning this matter to the	following:		
	Elizabeth Scull	У			
		N:	anic of Person	<del></del>	<del></del>
	Superman Spin	Co. I.I.C			
		Fi	rm/Company		· · · · · · · · · · · · · · · · · · ·
	920 Winter St.				
	<del></del>		Address		
	Waltham, MA	0451			
		City/S	tate and Zip Code		
	wynelle.scenna@	)fmc-na.com			
	,	E-mail address: (to be used	d for future amnual	report not	itication)
For further info	rmation concernin	g this matter, please call:			
Elizab	eth Scully		781 st (	699-90(	00
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Divisio Regist P.O. B	INC ADDRESS: on of Corporations ration Section for 6327 assec. FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ec. F1, 32301
	neck for the follow 5.00 Filing Fee	ring amount:  □ \$130.00 Filing Fee & Certificate of Status	置 \$155,00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPIJANCE WITH SECTION @5.0002 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGOVALMITED LABILITY. COMPANYTO TRANSACT BUSINESS INTENSITE STATE OF FLORIDA:

(Name of Porcign		Addition Company with Later Company of Later Company	
	Limited Liability Company, must include "Limited Laa	inity Company, Cit.C., or fa.G. )	
if name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida	The alternate name must include "Limited Link	othry Company, ""t. I. C," or "GLC")
Delaware		86-1600807	
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	(FEI murah	ser, it applicable)
12/23/2020			
·	(Date first transacted business in Florida, if pitor to regist (See sections 60) 0704 & 605 0705; F.S. to determine pe	ration )	
920 Winter St.	(	6. 920 Winter St.	
S. 15treet Address of F	rancipal Office)	(Mailes)	(633)
Waltham, MA 02451		Waltham, MA 02451	
······································			
7. Name and street addres	is of Florida registered agent: (P.O. Box $N \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $	OT acceptable)	
Name:	C T Corporation System		
	1200 South Pine Island Road	· <del></del> :	
Office Address:	1200 South Fine Island Road	<del></del>	
	Plantation	. Florida 33324 (/ap cost	<del></del>
Registered agent's accep	(Ciry)	(/sp cust	<b>&lt;</b> )
	s of my position as registered agent  By:  C T Corporation System	Stephen Rullis	
	By: C'l' Corporation School Property Services agent Services	Asst. Secretary	<del></del>
	By: C T Corporation Settem	Asst. Secretary	Name and Address:
8. The name, title or cap:	By: CT Corporated Schem   egineted agent virus	Asst. Secretary nucl ave authority to manage is/are:	
8. The name, title or cap: Title or Capacity:	By: CT Corporated Schem  regimened agent Vers  meity and address of the person(s) who has/ha  Name and Address:  Fresenius Medical Care Ventures, LLC  920 Winter St.	Asst. Secretary nucl ave authority to manage is/are:	× .N)
8. The name, title or cap: Title or Capacity:	By: CT Corporated Schem    registered agent Visual   neity and address of the person(s) who has/ha   Name and Address:   Fresenius Medical Care Ventures, LLC	Asst. Secretary nucl ave authority to manage is/are:	2
8. The name, title or cap: Title or Capacity:	By: CT Corporated Schem  regimened agent Vers  meity and address of the person(s) who has/ha  Name and Address:  Fresenius Medical Care Ventures, LLC  920 Winter St.	Asst. Secretary nucl ave authority to manage is/are:	<u> </u>
8. The name, title or cap: Title or Capacity:	By: CT Corporated Schem  regimened agent Vers  meity and address of the person(s) who has/ha  Name and Address:  Fresenius Medical Care Ventures, LLC  920 Winter St.	Asst. Secretary nucl ave authority to manage is/are:	
8. The name, title or cap: Title or Capacity:	By: CT Corporated Schem  regimened agent Vers  meity and address of the person(s) who has/ha  Name and Address:  Fresenius Medical Care Ventures, LLC  920 Winter St.	Asst. Secretary nucl ave authority to manage is/are:	2 N
8. The name, title or cap: Title or Capacity: Member	By: CT Corporated Schem  registered agent Vinu  meity and address of the person(s) who has/ha  Name and Address:  Fresenius Medical Care Ventures, LLC  920 Winter St.  Waltham, NEA 02451	Asst. Secretary nucl ave authority to manage is/are:	2 N)
3. The name, title or cap:  Title or Capacity:  Member  (Use attachments if neces)  Attached is a certificate principle of the law.	By: CT Corporated System  registered agent one meity and address of the person(s) who has/ha  Name and Address:  Fresenius Medical Care Ventures, L.I.C.  920 Winter St.  Waltham, NIA 02451  sary)  of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	Asst. Secretary  ave authority to manage is/are:  Title or Capacity:  y authenticated by the official ha	nving custody of records in the
3. The name, title or cap:  Title or Capacity:  Member  (Use attachments if neces)  Attached is a certificate jurisdiction under the law of the translator must be s  10. This document is executed.	By: CT Corporated System  I egisteted agent one meity and address of the person(s) who has/ha  Name and Address:  Fresenius Medical Care Ventures, L.I.C.  920 Winter St.  Waltham, NIA 02451  sary)  of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted)  uted in accordance with section 605,0203 (1) of the Department of State constitutes a third of	Asst. Secretary  ave authority to manage is/are:  Title or Capacity:  y authenticated by the official ha in a foreign language, a translat  ) (b), Florida Statutes, I am awar	nving custody of records in the ion of the certificate under oatl
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3. The name, title or cap:  Title or Capacity:  Member  (Use attachments if neces)  Attached is a certificate purisdiction under the law of the translator must be s  10. This document is executed.	By: CT Corporated System  (egisted agent Virus  neity and address of the person(s) who has/ha  Name and Address:  Fresenius Medical Care Ventures, LLC  920 Winter St.  Waltham, MA 02451  sary)  of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)  uted in accordance with section 605,0203 (1) of the Department of State constitutes a third of	Asst. Secretary  ave authority to manage is/are:  Title or Capacity:  y authenticated by the official had in a foreign language, a translated by the official had in a foreign language.	nving custody of records in the ion of the certificate under oatl

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SUPERMAN SPINCO, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202496362

Date: 02-11-21