

4/30/2021

Division of Corporations

File first: H210001740423

File second: H210001740533

M2100005196

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
NCS Healthcare of Kentucky, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
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FILE SECOND

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MAY - 3 2021

M. SOLOMON

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. NCS Healthcare of Kentucky, 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. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI 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. 201 E. 4th St. Suite 900
(Street Address of Principal Office)

6. 201 E. 4th St. Suite 900
(Mailing Address)

Cincinnati, OH 45202

Cincinnati, OH 45202

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, Florida 33324
(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.

By: C T Corporation System
(Registered agent's signature) Olga Hlinka, VP & Asst. Secretary

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2021 APR 30 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 type="checkbox"/> Manager | Name: NeighborCare Pharmacy Services, LLC | <input type="checkbox"/> Manager | Name: Thomas S. Moffatt |
| <input checked="" type="checkbox"/> Member | Address: 201 E. 4th St. Suite 900 | <input type="checkbox"/> Member | Address: One CVS Drive |
| <input type="checkbox"/> Authorized | Cincinnati, OH 45202 | <input type="checkbox"/> Authorized | Woonsocket, RI 02895 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Other President | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: Cecilia Temple | <input type="checkbox"/> Manager | Name: Carol A. DeNale |
| <input type="checkbox"/> Member | Address: 201 E. 4th St. Suite 900 | <input type="checkbox"/> Member | Address: One CVS Drive |
| <input type="checkbox"/> Authorized | Cincinnati, OH 45202 | <input type="checkbox"/> Authorized | Woonsocket, RI 02895 |
| Person | | Person | |
| <input checked="" type="checkbox"/> Other Secretary | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Other Sr. VP/Treasurer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: Melanie Luker | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: One CVS Drive | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | Woonsocket, RI 02895 | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input checked="" type="checkbox"/> Other Asst. Secretary | <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.

Cecilia Temple

Signature of an authorized person

Cecilia Temple

Typed or printed name of signer

FILED
2021 APR 30 PM 11:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NCS HEALTHCARE OF KENTUCKY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 967241, was organized within the State of Ohio on January 31, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 30th day of April, A.D. 2021.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202112000842