8/24/2021 Division of Corporations

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> > (((H210003171683)))



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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:		
CINGTI	Muul E33.		

Foreign Limited Liability Company Cardinal Health 105, LLC

Certificate of Status	U
Certified Copy	
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

From, Ranae McGraw

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

IN COMPILANCE WITH SECTION 6/5,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in Flo	nda. The	alternate name nuist incl	ade "Limited Liability Co	ımpany," "L	L.C,* or '	ኂ ኒር.ግ
2. Ohio (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	31-1452399	(FFI number, if app	licable)	2021 /	- -
4. Upon Qualification	(Date first transacted business in Plorida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration e penalty	n.) Hisbiliry)		IN AHA	2021 AUG 24 PM	
5. 7000 Cardinal Place (Street Address of Principal Office)	<u></u>	6.	Same (Mailing Address	·)	1.05 ST	PM 4:51	
Dublin, OH 43017					ATE	5-	_
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)				-
Name:	C T Corporation System						
Office Address:	1200 South Pine Island Road						
	Plantation		, Florida _				

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:

(Restated age / s shower)

Alfred Younan

Assistant Secretary

To: +18506176383

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:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: Cardinal Health, Inc.	□Manager	Name:	
	Address: 7000 Cardinal Place	□Member	Address:	
□Authorized	Dublin, OH 43017	□Authorized		<u> </u>
Person		Person		
Other	Other	☐ Other		□Other
				2021 A SEUR
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	(C)
□Authorized		☐ Authorized		SEE ST
Person		Person		<u> </u>
Other	□Other	□Other		Other
☐Малаger	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

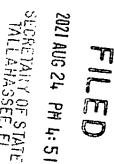
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1	 (b), Florida \$tappies, I am aware that any false information
10. This document is executed in accordance with section 605.0203 (1 submitted in a document to the Department of State constitutes a third	degree felony surroyided for in s.817.155, F.S.
Stiplintted in a document to the Department of State Consultation a single	X 11/1
	/

-	Signature of an numbers education
	//
Jennifer Kurz	//
	Typed or printed ruline of signed

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 CARDINAL HEALTH 105, LLC, an Ohio For Profit Limited Liability Company, Registration Number 923110, was organized within the State of Ohio on November 17, 1995, 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 23rd day of August, A.D. 2021.

Ohio Secretary of State

L John

Validation Number: 202123502746