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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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

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Foreign Limited Liability Company divvyMED, LLC

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Help



From: Kimberly Laughrey

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

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXING LIMITED LIABILITY.

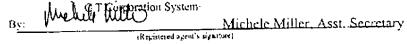
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: divvyMED, LLC (Name of Foreign Limited Liability Company, must use to de "Limited Liability Company," "L.L.U." or "L.U.C.") Of some mannitable, once afternote manae adopted tin the purpose of transacting business in Florida. The alternote name must include Limited Liability Company "L.L.C." or "L.L.C." (FFI mimber; (Capplicable) (haradiztion make the law of a high foreign limited liability congrany is organized) (Date first transactor business in Florida, it prior to registration) tive actions 605 0941 & 603 0905, F.S. to determine penalty liability) 43(R) 44th Avenue 6. (Mailing Address) 5. (Street Address of Priscipal Gibec) Moline, IL-61265 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address:

Registered agent's acceptance:

Plantation

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.

(Cuy)



From: Kimberly Laughrey

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:	Name and Address:
⊡ Manager	Name: Heather R. Cianfrocco	□Manager	Name: Heather A. Lang
□Member	Address:	□Meinher	Address: 9900 Bren Rd.
Authorized	2 Allegheny Center, Suite 600	■Authorized	Minnetonka, MN 55343
Person	Pittsburgh, PA 15212	Person	
	□Other	∐Other_Asst. Šeore	dary Other
□Manager	Name: Timothy J. Langdon	□Manager	Peter M. Gill
□Member	Address: 2727 N. 118th Street	□Member	Address: 9900 Bren Rd. E.
■ Authorized	Suite 300	□Anthorized	Minnetonka, MN 55343
Person	Omalia, NE 68164	Person	
Other		②Other	
□Manager	Name: Karen E. Bohmer	∐Manager	Name:
∏Member	Address: 1600 McConnoi Parkway	□Member	Address: 2300 Main Stree:
□Authoriżed	Schaumburg, 1L 60173	☐ Authorized	frvine, CA-92614
Person		Person	
■Other		Other Asst Secre	tury 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 onth 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.

Heather L. Cranfracco

Heather R. Cianfrocco

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "DIVVYMED, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204188495

Date: 09-17-21