

9/17/21, 5:21 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 divvyMED, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2021 SEP 20 AM 11:28

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 SEP 17 AM 9:03
FILED
TALLAHASSEE, FL
SECRETARY OF STATE

PLEASE HONOR ORIGINAL FILE DATE OF 9/17/2021

Electronic Filing Menu

Corporate Filing Menu

Help

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. divvyMED, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 01-0808529
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 4300 44th Avenue
(Street Address of Principal Office)

6. _____
(Mailing Address)

Moline, IL 61265

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: Michele Miller C T Corporation System
(Registered agent's signature) Michele Miller, Asst. Secretary

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CLERK OF STATE
TALLAHASSEE, FL

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: Heather R. Cianfrocco

☐ Member Address: Nova Tower 2

☐ Authorized 2 Allegheny Center, Suite 600

Person Pittsburgh, PA 15212

☐ Other _____ ☐ Other _____

☐ Manager Name: Timothy J. Langdon

☐ Member Address: 2727 N. 118th Street

☒ Authorized Suite 300

Person Omaha, NE 68164

☐ Other Asst. Secretary ☐ Other _____

☐ Manager Name: Karen E. Bohmer

☐ Member Address: 1600 McConnoh Parkway

☐ Authorized Schaumburg, IL 60173

Person _____

☒ Other Secretary ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Heather A. Lang

☐ Member Address: 9900 Bren Rd.

☒ Authorized Minnetonka, MN 55343

Person _____

☐ Other Asst. Secretary ☐ Other _____

☐ Manager Name: Peter M. Gili

☐ Member Address: 9900 Bren Rd. E.

☐ Authorized Minnetonka, MN 55343

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: David J. Oberg

☐ Member Address: 2300 Main Street

☐ Authorized Irvine, CA 92614

Person _____

☒ Other Asst. Secretary ☐ 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

Heather R. Cianfrocco

Type or print name of signer

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.



5646047 8300

SR# 20213277890

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is 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: 204188495

Date: 09-17-21