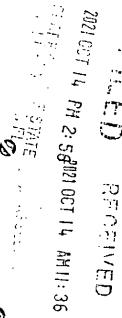


(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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Office Use Only







CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 101356 8346249

AUTHORIZATION

COST LIMIT : Ú\$ 125.00

ORDER DATE: October 12, 2021

ORDER TIME : 5:25 PM

ORDER NO. : 101356-055

CUSTOMER NO: 8346249

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: FACTOR ONE SOURCE PHARMACY

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

## **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJE	Factor One Source Pharmacy LLC				
		Same of Limited Liability Company			
		lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.			
Please r	eturn all correspondence concerning this mat	ter to the following:			
	Tiffany Scheppers, Corporate S	Secretary			
		Name of Person			
	Factor One Source Pharmacy L	LC			
	Firm/Company				
	PO Box 2578				
	Address				
	Secaucus, NJ 07096	Secaucus, NJ 07096			
	legal@infucarerx.com	City/State and Zip Code			
	E-mail address: (to	o be used for future annual report notification)			
For furtl	her information concerning this matter, please	call:			
	Heather Heverty, Senior Corporate Con-	tracts Par 877 828-3940			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address: Registration Section	Street Address: Registration Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amoun Please make check payable to: FLORIDA D  □ \$125.00 Filing Fee □ \$130.00 Filing Certifica	DEPARTMENT OF STATE			

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Maryland	name adopted for the purpose of transacting business in Flo	<del>→3/19/2</del> 014	a daving company, E.S.C. or Elect.)
າ້	which foreign limited liability company is organized)	3	number, if applicable)
4	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration)	
217 Glenn Street	(See sections 603.0704 & 603.0703, F.S. to determine	PO Box 2578	
5. (Street Address of Principal Office)		6	
Suite 300		Secaucus, NJ 07096	2621
Cumberland, MD 21	502		
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	PN 2
Name:	Corporation Service Company	· <del></del> -	2:56 STATE
Office Address:	1201 Hays Street		
	Tallahassee	32301 , Florida	
	(City)	(Zip code	:)
designated in this applicate comply with the provis	otance: egistered agent and to accept service of pa ation, I hereby accept the appointment as ions of all statutes relative to the proper a as of my position as registered agent.	registered agent and agree to a	ct in this capacity. I further agre

	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name:	_	Name:
□Member	Address: PO Box 2578	□Member	Address: PO Box 2578
□Authorized	Secaucus, NJ 07096	■Authorized	Secaucus, NJ 07096
Person		_ Person	Corporate Secretary
Other	Other	□ Other	Other
⊒Manager	Name:	□Manager	Name:
]Memb <b>er</b>	Address:	□Member	Address:
JAuthorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
]Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

Typed or printed name of signee

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT. BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES. OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FACTOR ONE SOURCE PHARMACY LLC (W15747702). REGISTERED MARCH 19, 2014, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 13, 2021.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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