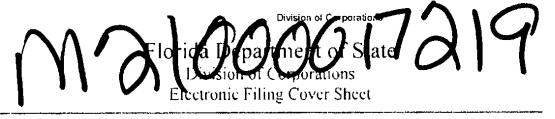
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To:

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:

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Foreign Limited Liability Company Optum Infusion Services 551, LLC

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

Electronic Filing Menu

Corporate Filing Menu

S. HAWKES

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

IN COMPLIANCE WITH SECTION 695,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGY. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Optum Influsion Services 551, LLC

(Name of Foreign United Liability Company; must include "Limited Liability Company," "LT.C.," or "LT.C.," or

Connecticut		04-3041221			
(Jurisdiction under the law of w.	high foreign limited hability company is organized)	3	r, d'applicable)		
Upon filing					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	(egistration) inc possity liability)	·		
31 Moody Road		31 Moody Road			
set Address of Principal Office)		6. (Mailing Address)			
Enfield, CT 06083		Enfield, CT 06083			
	_				
	<u> </u>		79)		
Name and street addres	s of Florida registered agent: (P.O. Box	(NOT acceptable)			
,			· -		
Name:	C T Corporation System		7. (·		
ivaine:			PH 3: 23		
Office Address:	1200 South Pine Island Road		12 2		
	Plantation	33324	' <u>π</u> ω		
	1 Idifation	, 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:	C T Corporation System /s/ Michele Holden, Asst Sect	
<u>,</u>	(Registered agent's signature)	

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>v:</u>	Name and Address:
⊡Manager	Name: Michael G. Zeglinski	Manager	Name:	
□Member	Address:	□ Member	Address:	
□Authorized	1600 McConnor Parkway	☐ Authorized		
Person	Schaumburg, IL 60173	Person		
□Other	□ Other	□ Other		□Other
□Manager	Name:	□ Manager	Name:	
⊡Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other	Other	Other		□Other
∏Manager	Name:	□ Manager	Name:	
□Member	Address:	□ Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other	Other	ZOther		□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.

/s/ Michael G. Zeglinski				
Signature of an authorized person				
Michael G. Zeglinski, 3	Aanager			

To: +18506176383 • • Page: 6 of 6 2021-12-16 12:31:53 CST 12122023573 From: Lexus V

Secretary of the State of Connecticut Certificate of Legal Existence

Express Certificate

Date Issued: December 16, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	OPTUM INFUSION SERVI	CES 551, LL0	7	
Business ALEI	US-CT:BER:0608788			
Formation Date		Strain A	33. Sy	

Secretary of the State

Business ALEI: US-CT.BER:0608788 Certificate Number: C-00019203
Note: To verify this certificate, visit <u>Business.ct.gov</u>

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