## M2200000 5859

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



500378372215

ALLAHASSEF FIRE

3 2022 JAN 18 AM 11:

RECEIVED

18 AM 11: 13

S. FRANKLIN JAN 19 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I20000001	95	
	REFERENCE	:	379850	5037715	
	AUTHORIZATION	:	world of	ena )	
<b></b>	COST LIMIT	:	\$'125%00	- mai	·
ORDER DATE :	January 14, 2022				
ORDER TIME :	12:24 PM				
ORDER NO. :	379850-005				
CUSTOMER NO:	5037715				20'
		<b>-</b>	<b></b>		:::. 22 ::::14
	FOREIGN F	<u>TLI</u>	NGS		N 18
					高。
NAME:	OPTION CARE I LLC	NFU	SION SUITES	,	AHII: 13
XXXX QUALIFIC	CATION (TYPE: <u>L</u>	<u>L</u> )			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
			· <b>-</b>		

EXAMINER: \_\_\_\_\_

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

...

TO:	Registration of	on Section Corporations			
SUBJE		n Care Infusion Suites, LLC			
		Name of	Limited Liability Company	-	
			mpany for Authorization to Transact Business in Florida. renced foreign limited liability company to transact busi		
Please r	eturn all cor	respondence concerning this matter to th	e following:		
	M	ichelle Mazzenga			
	_	1	Name of Person	-	
	0	ption Care Infusion Suites, LLC			
		- 1	Firm/Company	•	
	36	000 Lakeside Dr., Suite 300N			
			Address	=	
	В	annockburn, IL 60015			
		City/	State and Zip Code	•	
	och	-corporatefilings@optioncare.com	•	202	
		E-mail address: (to be use	ed for future annual report notification)	ال 2	" " ]
For furt	her informat	on concerning this matter, please call:	ē	2022 JAN 18	
	Michelle N	Mazzenga	312 940-2528 7 at ( )		
		Name of Contact Person	Area Code Daytime Telephone Number	AH 11: 13	U
	Mailing Ad		Street Address:	$\bar{\omega}$	
		on Section	Registration Section		
		of Corporations	Division of Corporations		
	P.O. Box		The Centre of Tallahassee		
	Lallahass	ee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
		a check for the following amount: c check payable to: FLORIDA DEPAR Filing Fee  \$\Bigsim \$130.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,		

## 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. Option Care Infusion (Name of Foreign	Limited Liability Company, must include "Limited	Liability	Company," "L.L.C.," or "LEC.")			<del>-</del>	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The	alternate name inust include "Limited Liabi	lity Company," "	LLC," or		
Delaware			35-2644646				
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	3(FEI number, it applicable)				
ı.							
-	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	egistration ne penalty	) liability)	<del></del>			
3000 Lakeside Dr., Suite 300N 5. Street Address of Principal Office)		6.	3000 Lakeside Dr., Suite 30	N00		_	
Bannockburn, IL 60015			Bannockburn, IL 60015				
					202	_	
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	d.c.silab	JAN 18 A		
Name:	Corporation Service Company			(1) (1)	=	7	
Office Address:	1201 Hays Street			ent (***	MII: 13		
	Tallahassee		32301 , Florida				
	(City)		(Zip code)				
designated in this applica to comply with the provisi	gistered agent and to accept service of pition, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	registe and cor	red agent and agree to act in .	this capacit	v. I furt	her agi	

(Registered agent's signature)

Assistant Vice President

Ву:

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: John Rademacher Name: \_ Name: Sarah Kim ■Manager ■Manager 3000 Lakeside Dr. Address: \_ Address: \_\_ □Member □Member Suite 300N Suite 300N □ Authorized ☐ Authorized Bannockburn, IL 60015 Bannockburn, IL 60015 Person Person Other □Other □Other \_\_\_\_\_ □ Other Option Care Infusion Services, Inc. □Manager □Manager Name: Address: 3000 Lakeside Dr. Address: ■ Member ☐ Member Suite 300N □ Authorized ☐ Authorized Bannockburn, IL 60015 Person Person □Other\_\_\_\_ □Other\_\_\_\_ □ Other\_\_\_\_\_ □Other\_\_\_\_\_ □ Manager Name: \_\_\_\_\_ □Manager □Member Address: ☐ Member □ Authorized □ Authorized Person Person □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) 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. Sarah Kim Signature of an authorized person Sarah Kim

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OPTION CARE INFUSION SUITES, 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 FOURTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTION CARE INFUSION SUITES, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2018.

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

2022 JAN 18 AM 11: 13



Authentication: 202407263

Date: 01-14-22