Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Note: | DO NOT hit the REFRESH/RELOA | D button on yot | ır browser | from thi. | s page. | Doing so |
|-------|------------------------------|-----------------|------------|-----------|---------|----------|
| | will generate | another cover s | heet. | | | |

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**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 CORIUM, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| CORIUM, LLC (Name of Foreign | Limited Liability Company; must include "Limite | ed Liability Com | pany," "L.I. C ," or "Ll.C.") | | | |
|---|---|--|---|------------------------|--|--|
| | name adopted for the purpose of transacting business in F | Thorida. The aiternal | e name must include "Limiter Liability Company. | *** L.L. C.** or **I.I | | |
| Delaware (Durisdiction under the low of which foreign funced liability company is organized) | | 38-3230774 (f.E. number, (Lapplicable) | | | | |
| | | | ii er iidhoer, ii agancamer | | | |
| | IX | · | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605-0904 & 7405-0905; F.S. to determ | registration (tine penalty liability | 1 | | | |
| 7901 4th St N STE 300 | | | 6. 7901 4th St N STE 300 | | | |
| cet Address of Principal Office) | 188 | | (Mailing Address) | 37 | | |
| St. Petersbu | urg FL 33702 | St. | Petersburg FL 33702 | 7:71:-6 | | |
| | | | | | | |
| | · | | | <u></u> | | |
| Name and street addres | s of Florida registered agent: (P.O. Box | c NOT accen | abler | F:11:12 | | |
| | | . <u>1.1.2.1.</u> ассер | | 7. | | |
| Ni | Northwest Registered Ag | ent LLC | | | | |
| Name. | | | •• | | | |
| Office Address: | 7901 4th St N STE 300 | | - | | | |
| | St. Petersburg | | Florida 33702 | | | |
| | (City) | | (Zip code) | | | |

Registered agent's acceptance:

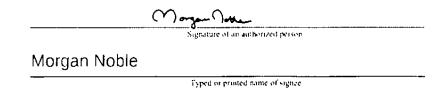
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

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>::</u> | Name and Address: |
|--------------------|--|-------------------|-------------------------|-------------------|
| ⊠Manager | Name: Gurnet Holding Company | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | 315 E 5th St. STE 202 | □Authorized | | |
| Person | Waterloo IA 50703 | Person | | |
| □Other | □Other | □Other | | □Other |
| ⊡Manager | Name: | □Manager | | |
| □Member | Address: | □Member | Address: | 1.5 |
| □Authorized | And the second s | □Authorized | | .—· |
| Person | | Person | | 5 |
| □Other | □Other | □Other | | □Other |
| | | | | |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | ⊡Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | Madelland Tion - """ to | |
| □Other | □Other | □Other | - | □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 filling 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.





Page 1

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

DELAWARE, DO HEREBY CERTIFY "CORIUM, 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 SECOND DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORIUM, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2002.

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



Jeffrey et. Sudioca, Secretary of State

Authentication: 204990427