

M23000004603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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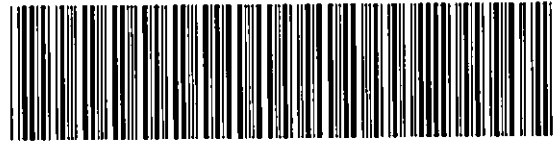
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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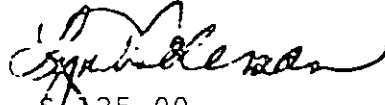
APR 10 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 646727 4351752

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : April 6, 2023

ORDER TIME : 9:0 AM

ORDER NO. : 646727-005

CUSTOMER NO: 4351752

FOREIGN FILINGS

NAME: KROGER SPECIALTY PHARMACY LA,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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. Kroger Specialty Pharmacy LA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Louisiana 26-1136549
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3200 Lake Emma Rd, Suite 1000 1014 Vine Street
(Street Address of Principal Office) (Mailing Address)
Lake Mary, FL 32746 Attn: Law Dept.
Cincinnati, OH 45202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (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.

Corporation Service Company

By: Eyleine Baker Assistant Vice President
(Registered agent's signature)

2021-11-17 PM 2:33

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: Kroger Specialty Pharmacy
Holdings 2, Inc.
☒ Member Address: 1014 Vine Street
Cincinnati, OH 45202
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: Christine W. Wheatley
☐ Member Address: 1014 Vine Street
Cincinnati, OH 45202
☐ Authorized
Person
☒ Other VP & Secretary ☐ Other

☐ Manager Name: Debra Cole
☐ Member Address: 3200 Lake Emma Road
Suite 1000
☐ Authorized
Person Lake Mary, FL 32746
☒ Other Vice President ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Colleen R. Lindholz
☐ Member Address: 1014 Vine Street
Cincinnati, OH 45202
☐ Authorized
Person
☒ Other President ☐ Other

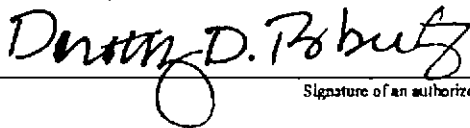
☐ Manager Name: Carin L. Fike
☐ Member Address: 1014 Vine Street
Cincinnati, OH 45202
☐ Authorized
Person
☒ Other VP & Treasurer ☐ Other

☐ Manager Name: Tom Shelly
☐ Member Address: 1014 Vine Street
Cincinnati, OH 4503
☐ Authorized
Person
☒ Other Vice President ☐ 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

Dorothy D. Roberts, Assistant Secretary

Typed or printed name of signer

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

**ATTACHMENT FOR QUESTION 8
Additional Officers/Directors**

APPLICANT: Kroger Specialty Pharmacy LA, LLC

ADDITIONAL OFFICERS:

Joseph W. Bradley
1014 Vine Street
Cincinnati, OH 45202

Assistant Treasurer

Dorothy D. Roberts
1014 Vine Street
Cincinnati, OH 45202

Assistant Secretary



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

KROGER SPECIALTY PHARMACY LA, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on September 26, 2007,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 6, 2023



Certificate ID: 11713637#VMJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

Secretary of State

Web 36551152K