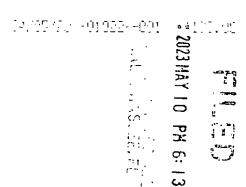
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Office Use Only



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S. FRANKLIN MAY 16 2023



### COVER LETTER

TO:

Registration Section

Div	vision of Corporations			
SUBJECT:	Symbria Rx Services, L.L.C.			
001,01301.		nme of Limited Liability Company		
The enclosed Existence, an	d "Application by Foreign Limited Liabilit nd check are submitted to register the abov	ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida		
Please return	all correspondence concerning this matte	er to the following:		
	Melissa Tyler			
		Name of Person		
	Symbria			
Firm/Company				
	28100 Torch Parkway. STE 600			
Address				
	Warrenville, IL 60555			
		City/State and Zip Code		
	mtyler@symbria.com			
	E-mail address: (to	be used for future annual report notification)		
For further i	nformation concerning this matter, please	call:		
Ме	elissa Tyler	630 413-5817 at ()		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
	tiling Address:	Street Address:		
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
	Hahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Ple	closed is a check for the following amount ase make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STATE		

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

IN COMPLIANCE WITH SECTION Ø5.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Symbria Rx Services, I	L.C. Limited Liability Company, must include "Limited	H Salatay 7	Someoni Will Congress (Con		
(Name of Foreign	Lianted Liability Company, mast mediae Taintee	i maniniy (	ompany, black, or lase, y		
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida The alt	ernate name must include "Limited Liability	Company," "L.L.C," or "ELC."	7)
Illinois			85-0460283	applicable)	. 151
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if	applicable)	
				10	"Read
4.	(Date lifts) transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	egistration )		- 55, <b>-9</b>	-K.]
	(See sections 605 0904 & 605,0905; F.S. ta'determi.				ڊ <u>'</u>
28100 Torch Parkway 5.		6.	8100 Torch Parkway (Mahing Address)	775	
5. (Street Address of Principal Office)		_	(Mailing Address)		
STE 600		S	TE 600		
Warrenville, IL 60555		V	Varrenville, IL 60555		
7. Name and street address	ss of Florida registered agent; (P.O. Box	<u>NOT</u> ac	ceptable)		
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Rd.				
	Plantation		33324		
	(City)		, Florida(Zip code)	_	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	register	ed agent and agree to act in th	is capacity. I further o	agree
	K_UrbKevin Wartner, assis	tant seci	retary		
	(Registered agent's s			<del></del>	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address
□Manager	Name:	□Manager	Name: Thomas J. Kiser
□Member	Address: 28100 Torch Parkway	□Member	Address: 28100 Torch Parkway
■Authorized	STE 600	<b>■</b> Authorized	STE 600
Person	Warrenville, IL 60555	Person	Warrenville, IL 60555
Other Authorized	Person	■Other_Authorized	Person
∐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	Other	

- 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.

Thomas ) Boston
Signature of an authorized person Thomas J. Kiser Typed or printed name of signee

### File Number

0015446-6



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SYMBRIA RX SERVICES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 31, 1997, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of MARCH A.D.2023

Authentication #: 2308901914 verifiable until 03/30/2024

Authenticate at: https://www.ilsos.gov

Thomas J. Kiser, as General Counsel at Symbria, Inc. ("Symbria") and consistent with Symbria's Signature Authority Policy, is hereby authorized to execute all documents on behalf of Symbria and its subsidiaries, including, but not limited to corporate documents, filings, agreements, business plans, financial documents, contracts, leases, commercial paper, proposals, policies, procedures and any other documents that require a signature by an authorized signatory of Symbria.

Fresident and CEO

October 11, 2017

Date



April 22, 2023

MELISSA TYLER 28100 TORCH PKWY STE 600 WARRENVILLE, IL 60555 US

SUBJECT: SYMBRIA RX SERVICES, L.L.C.

Ref. Number: W23000058583

We have received your document for SYMBRIA RX SERVICES, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please submit a letter authorizing Thomas J. Kiser to act on behalf of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 723A00009033



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