

M23000006404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

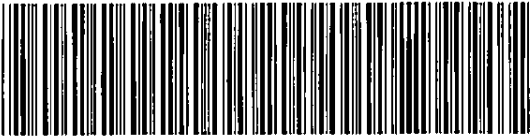
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
W23-58583
06213

Office Use Only



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2023 MAY 10 PM 6:13

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S. FRANKLIN

MAY 16 2023

Handwritten mark

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. Symbria Rx Services, L.L.C.
(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. Illinois 3. 85-0460283
(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. 28100 Torch Parkway 6. 28100 Torch Parkway
(Street Address of Principal Office) (Mailing Address)
STE 600 STE 600
Warrenville, IL 60555 Warrenville, IL 60555

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

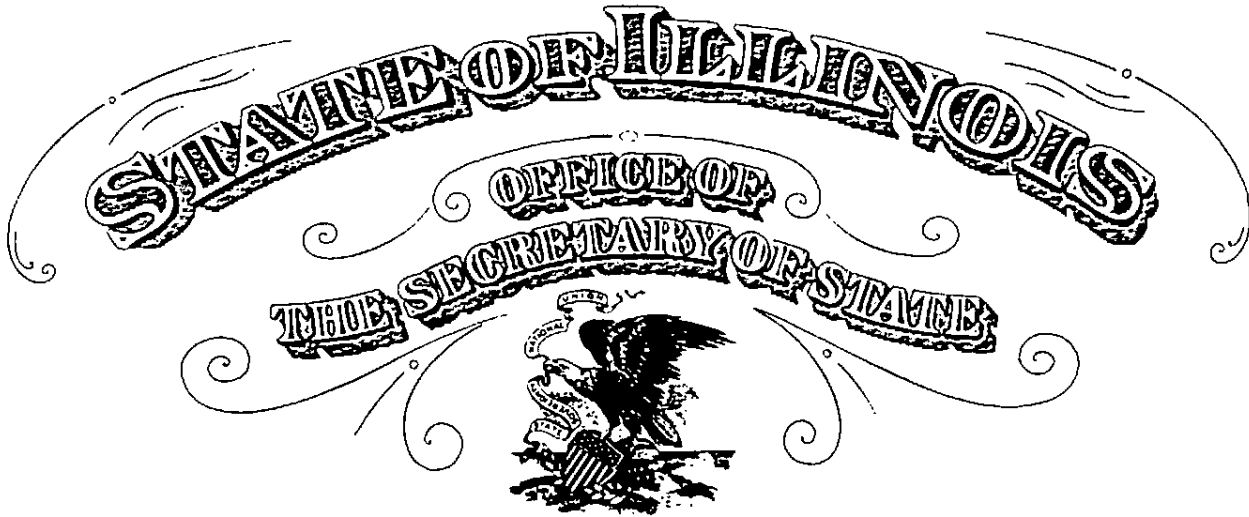
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

Kevin Wartner, assistant secretary
(Registered agent's signature)

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File Number

0015446-6



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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.



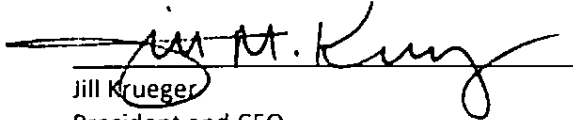
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of MARCH A.D. 2023 .

Authentication #: 2308901914 verifiable until 03/30/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

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.



Jill Krueger
President and CEO

October 11, 2017

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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".

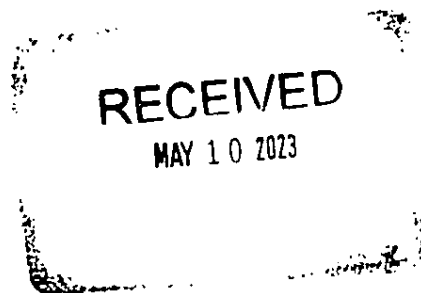
Please submit a letter authorizing Thomas J. Kiser to act on behalf of the entity.

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



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314