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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: rimbordino@capstonedevservices.com

**Foreign Limited Liability Company  
LONG GROVE PHARMACEUTICALS, LLC**

Certificate of Status	0
Certified Copy	1
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06/01/2023

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JUN -1 PM 3:32

FILED

# 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. Long Grove Pharmaceuticals, 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. Delaware 35-2607109  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 9450 Bryn Mawr Ave 9450 Bryn Mawr Ave  
(Street Address of Principal Office) (Mailing Address)  
Suite 200 Suite 200  
Rosemont, IL 60018-5271 Rosemont, IL 60018-5271

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 Road  
Plantation, Florida 33324  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

## 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.

By: C T Corporation System  
SEAN L. EMERICK, ASSISTANT SECRETARY  
(Registered agent's signature)

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:☒ ManagerName: Alan Heller☐ MemberAddress: 9450 Bryn Mawr Ave☐ AuthorizedSuite 200

Person

Rosemont, IL 60018-5271☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☒ ManagerName: Tim Dugan☐ MemberAddress: 9450 Bryn Mawr Ave☐ AuthorizedSuite 200

Person

Rosemont, IL 60018-5271☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_Title or Capacity:Name and Address:☒ ManagerName: Peter Strothman☐ MemberAddress: 9450 Bryn Mawr Ave☐ AuthorizedSuite 200

Person

Rosemont, IL 60018-5271☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

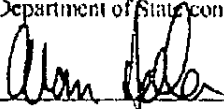
Person

☐ 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 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

ALAN HELLER, MANAGER

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LONG GROVE PHARMACEUTICALS, 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 TWENTY-SECOND DAY OF MARCH, A.D. 2023.

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



6561876 8300

SR# 20231097569

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202976361

Date: 03-22-23