

M2300001SS09

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

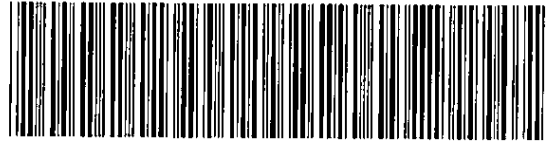
(Business Entity Name)

(Document Number)

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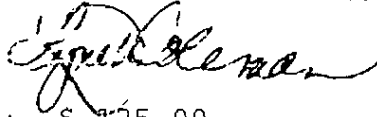
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 984806 8290899

AUTHORIZATION



COST LIMIT : \$ 125.00

ORDER DATE : September 13, 2023

ORDER TIME : 8:59 AM

ORDER NO. : 984806-050

CUSTOMER NO: 8290899

FOREIGN FILINGS

NAME: MCKESSON TOTAL CARE SOLUTIONS  
GROUP PURCHASING ORGANIZATION,  
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: Eyllena 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. McKesson Total Care Solutions Group Purchasing Organization, 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. DE 3. 93-3385050  
(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. 6535 State Highway 161 6. 6535 State Highway 161  
(Street Address of Principal Office) (Mailing Address)  
Irving, TX 75039 Irving, TX 75039

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)

FILED  
2023 DEC 11 PM 4:00  
Tallahassee, FL

**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: [Signature]  
(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:**

☐ Manager Name: McKesson Total Care Solutions, LLC

☒ Member Address: 6535 State Highway 161

☐ Authorized Irving, TX 75039

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Kirk Kaminsky

☐ Member Address: 6535 State Highway 161

☐ Authorized Irving, TX 75039

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Mark Alwardt

☐ Member Address: 6535 State Highway 161

☐ Authorized Irving, TX 75039

Person \_\_\_\_\_

☒ Other Treasurer ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Saralisa Brau

☐ Member Address: 6535 State Highway 161

☐ Authorized Irving, TX 75039

Person \_\_\_\_\_

☒ Other Secretary ☐ Other \_\_\_\_\_

☐ Manager Name: Juliet Pate

☐ Member Address: 6535 State Highway 161

☐ Authorized Irving, TX 75039

Person \_\_\_\_\_

☒ Other Assist. Secretary ☐ Other \_\_\_\_\_

☐ Manager Name: Kimberly M. Birt

☐ Member Address: 6535 State Highway 161

☐ Authorized Irving, TX 75039

Person \_\_\_\_\_

☒ Other Assist. Secretary ☐ 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

Juliet Pate

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 "MCKESSON TOTAL CARE SOLUTIONS GROUP PURCHASING ORGANIZATION, 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 FIFTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCKESSON TOTAL CARE SOLUTIONS GROUP PURCHASING ORGANIZATION, LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State

7656647 8300

SR# 20234142908

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204738415

Date: 12-05-23