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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: BALLEN@URSCOMPLIANCE.COM

Foreign Limited Liability Company

CLINICAL SPECIALTY INFUSIONS OF DALLAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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DIVISION OF CORPORATIONS

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. Clinical Specialty Infusions of Dallas, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. TEXAS 3. 81-1177414
(Jurisdiction under the law of which foreign limited liability company is organized) (FF number, if applicable)4. (Date first transacted business in Florida, or date of registration,
see sections 605.0602 & 605.0603, F.S., to determine penalty liability)5. 459 E New Boston Road
(Street Address of Principal Office)
Nash, TX 755696. 459 E New Boston Road
(Mailing Address)
Nash, TX 75569

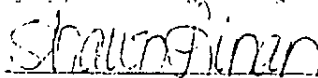
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: URS Agents, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee 32312
Florida (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.

Shawn Linan, Assistant Secretary

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>CSI Pharmacy Holding Company, LLC</u>	<input type="checkbox"/> Manager	Name: <u>James Sheets</u>
<input checked="" type="checkbox"/> Member	Address: <u>459 E New Boston Road</u>	<input type="checkbox"/> Member	Address: <u>459 E New Boston Road</u>
<input type="checkbox"/> Authorized	<u>Nash, TX 75569</u>	<input type="checkbox"/> Authorized	<u>Nash, TX 75569</u>
Person	_____	Person:	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jim Ward</u>	<input type="checkbox"/> Manager	Name: <u>Barry Buls</u>
<input type="checkbox"/> Member	Address: <u>459 E New Boston Road</u>	<input type="checkbox"/> Member	Address: <u>459 E New Boston Road</u>
<input type="checkbox"/> Authorized	<u>Nash, TX 75569</u>	<input type="checkbox"/> Authorized	<u>Nash, TX 75569</u>
Person	_____	Person:	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person:	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

James Sheets

CD8429FFE3D5400

Signature of an authorized person

James Sheets, President

Typed or printed name of signer

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Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



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Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Clinical Specialty Infusions of Dallas, LLC (file number 802368637), a Domestic Limited Liability Company (LLC), was filed in this office on January 13, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 08, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State